

Estate of Gregory Wright, et al.,

VS.

Trumbull County Board of Commissioners, et al.

U.S. District Court, Northern District of Ohio, Eastern Division  
4:17-cv-02383

**Barbara Wright**

Taken on June 26, 2018

Reporter Shawn Gross

TABLE  
O LITIGATION

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**Exhibit I**

1 record?

2 MR. RASKIN: Sure.

3 - - - - -

4 (Thereupon, a recess was had.)

5 - - - - -

6 Q. I will withdraw the question. Have you ever  
7 seen Mr. Wright use any illegal drugs at all, ma'am?

8 THE WITNESS: Can I answer that?

9 MR. SMITH: If you know, yes. If you have seen.

10 THE WITNESS: Can I tell him?

11 MR. SMITH: Answer the question.

12 A. Marijuana.

13 Q. Have you ever seen him use any illegal drugs  
14 during his lifetime other than marijuana?

15 A. No.

16 Q. So you never saw him use heroin?

17 A. No, I have not. Never seen him use heroin.

18 Q. And you have never seen him smoke crack?

19 A. No, I ain't never seen him. No, I know -- no.

20 Q. Or use cocaine in any form?

21 A. No.

22 MR. SMITH: Breath deep. You're doing fine.

23 Q. Are you aware that in December of 2015 Mr.  
24 Wright was arrested and convicted of possession of crack  
25 cocaine, a fifth degree felony, as well as failure to

1      comply with the order of a police officer, a third  
2      degree felony?

3      A.            No.

4      Q.            Well, you're aware that he was sentenced to 18  
5      months in jail as a result of a criminal conviction in  
6      2015, aren't you?

7      A.            I don't know.

8      Q.            Is that because you don't remember?

9      A.            I don't know.

10     Q.            So you wouldn't be able to help me to understand  
11     how it is that Mr. Wright would have been in possession  
12     of crack cocaine if he wasn't using it?

13               MR. SMITH:    Objection.

14     A.            I don't know.

15     Q.            Are you aware that his 2015 conviction was not  
16     the first time that he had been convicted of possession  
17     of both crack cocaine and heroin?

18     A.            I don't know.

19     Q.            Would it help to refresh your recollection that  
20     in December of 1996 in Trumbull County Mr. Wright was  
21     convicted of trafficking and drugs, four counts  
22     possession, heroin one count, and crack cocaine four  
23     counts?

24     A.            I don't know.

25     Q.            Let me ask you some questions regarding Mr.

1     **your marriage?**

2     A.       Yes.

3     **Q.       Has Mr. Wright ever been convicted of crimes of**  
4     **dishonesty in any county other than Trumbull County that**  
5     **you are aware of?**

6     A.       I don't know.

7     **Q.       Are you aware that Mr. Wright was taking a**  
8     **medication called Xarelto?**

9     A.       No.

10    **Q.       Do you know what Xarelto is prescribed for, what**  
11    **kind of condition?**

12    A.       No.

13    **Q.       Did Mr. Wright have a history of blood clots**  
14    **that you're aware of?**

15    A.       I don't know.

16                   - - - - -

17       (Thereupon, Defendant's **Exhibit B** was marked for the  
18                   purpose of identification.)

19                   - - - - -

20    **Q.       Let me show you what I have marked for**  
21    **identification purposes as Defendant's **Exhibit B**. If**  
22    **you look at the very bottom right-hand corner of Exhibit**  
23    **B you will see the name "Trumbull" and a number. Do you**  
24    **see that?**

25    A.       Yes.

1 Q. The first page ends with the numbers 46.

2 A. Yes.

3 Q. And then, if you flip through you will see that  
4 the last page ends with the number 52. Do you see that?

5 A. Yes.

6 Q. And I will represent to you that these are the  
7 records of the Trumbull County Justice Center relating  
8 to Mr. Wright's incarceration in May of 2017. I assume  
9 that you have never seen these documents before?

10 A. No.

11 Q. I'm going to ask you some questions about the  
12 answers that Mr. Wright gave. On the first page of  
13 Exhibit B, which the number ends in number 46 at the  
14 bottom, do you see that?

15 A. Yes.

16 Q. Mr. Wright was asked whether or not he was  
17 taking medications, currently taking medications, and  
18 his answer was Xarelto. Do you see that?

19 A. Number three?

20 Q. Yes, ma'am. Do you see that question and  
21 answer?

22 A. Yes.

23 Q. Do you know why he was taking Xarelto?

24 A. No.

25 Q. Number four asks: "Is the inmate under doctor's

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF OHIO  
EASTERN DIVISION

CASE NO. 4:17-CV-002383

ESTATE OF GREGORY WRIGHT AND BARBARA WRIGHT,	)	
	)	DEPOSITION
Plaintiff	)	
	)	OF
VS	)	<u>LIEUTENANT ERIC C. SHAY</u>
	)	
TRUMBULL COUNTY BOARD OF COMMISSIONERS, ET AL.,	)	
	)	
Defendants	)	

DEPOSITION taken before me, Tracey R. Winck,  
a Notary Public within and for the State of Ohio, on  
the 27th day of June A.D., 2018, pursuant to agreement  
and at the time and place therein specified, to be  
read in evidence on behalf of the Plaintiff in the  
aforesaid cause of action, pending in the United States  
District Court for the Northern District of Ohio,  
Eastern Division.

1 advice of rights, does that include Garrity protections?

2 A The form that I use has Garrity on it and  
3 that's what it is, advice of rights but yes.

4 Q When you interview the correction officer  
5 in regards to your internal investigation are their  
6 statements sworn?

7 A No.

8 Q You require that they all sign their  
9 statements?

10 A Correct.

11 Q You advise them of their Garrity rights --

12 A Before questioning them.

13 Q -- before questioning? Handing you what we  
14 will mark as Plaintiff's Exhibit 1.

15 (Plaintiff's Exhibit No. 1 was marked for  
16 identification by the court reporter.)

17 Q Are you familiar with this document?

18 A I am.

19 Q Can you peruse it and make sure its total?

20 MR. RUCKER: We are off the record for a  
21 second.

22 (A brief recess was taken.)

23 MR. RUCKER: Back on.

24 Q Lieutenant Shay, have you had a chance to  
25 look at what's been marked as Plaintiff's Exhibit 1?

1 A I have.

2 Q What is that document?

3 A This is a, parts of my internal investigation.

4 Q When you say parts, what do you mean by parts?

5 A This isn't the complete document. This is,  
6 it appears to be my summary, my findings, my documentation  
7 as far as notifying individuals of their questioning,  
8 any statements that they have made and also an advice  
9 of rights or Garrity form for each individual.

10 Q All of those were generated as a result of  
11 your investigation, is that correct?

12 A Correct.

13 Q So when you say part, those items that were  
14 not included are those items documents you would have  
15 collected to supplement your investigation?

16 A Yes.

17 Q So those documents would have already been  
18 in existence, is that correct?

19 A Yes.

20 Q Also, with that there is a CD that is  
21 included in Plaintiff's Exhibit 1 which is, purports  
22 to be, and I will state is a CD, a copy of the audio  
23 interviews that took place, I believe 25 individuals,  
24 is that correct?

25 A I would have to count them all but I will



1 take your word for it.

2 Q You trust me more than your attorney does.

3 MS. AMBROSE RUBRIGHT: I haven't counted  
4 them. If your math is good, I would hope that we can  
5 rely on the number.

6 A According to my count I am showing 23, sir.

7 Q Okay.

8 A Twenty-three.

9 Q I believe that one of them has two parts  
10 but if 23 individuals --

11 MS. AMBROSE RUBRIGHT: We can just say  
12 whoever he has listed here was interviewed, whatever  
13 the number is the number is.

14 Q Whoever you have listed is what would be  
15 expected to be on the CD, is that correct?

16 A Whoever I have listed under part three of  
17 my internal, that says interviews I would say that's  
18 correct, sir.

19 Q What prompted this statements of the  
20 individuals, the written statements?

21 MR. RUCKER: Strike that.

22 Q Let me make it simpler. Did you instruct  
23 each individual that submitted a written statement  
24 to make that statement?

25 A No.

1  
2 UNITED STATES DISTRICT COURT  
3 NORTHERN DISTRICT OF OHIO  
4 EASTERN DIVISION

5 ESTATE OF GREGORY ) CASE NO. 4:17-CV-02383  
6 WRIGHT, et al. ) JUDGE BENITA Y. PEARSON  
7 )  
8 Plaintiffs ) DEPOSITION OF  
9 vs. )  
10 TRUMBULL COUNTY BOARD ) PHILLIP MALVASI, D.O.  
11 OF COMMISSIONERS, et al )  
12 )  
13 Defendants )

14 Deposition taken before me, Micheline  
15 Simoni, Notary Public within and for the State  
16 of Ohio, on the 12th day of July, 2018, at  
17 10:10 AM, pursuant to notice, taken at the  
18 offices of Trumbull County Jail, 150 High  
19 Street, Warren, Ohio, 44481, to be used in  
20 accordance with the Federal Rules of Civil  
21 Procedure or the agreement of the parties in  
22 the aforesaid cause of action pending in the  
23 United States District Court within and for the  
24 Northern District of Ohio, Eastern Division.

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1-800-399-6686

1 Q. And whose signature is that?

2 A. Rachel Hake.

3 Q. Okay. What are they attesting to by their  
4 signatures on this document?

5 A. That they are the ones that are passing  
6 meds.

7 Q. Does that document indicate that  
8 Mr. Wright should be receiving  
9 Ibuprofen, Imodium, and Maalox?

10 A. Yes.

11 Q. And this MARS is for Gregory Wright; is  
12 that correct?

13 A. Yes.

14 Q. And next to his name, is that "TCJ"?

15 A. Yes.

16 Q. And it has "Malvasi," is that correct?

17 A. Correct.

18 Q. What is that next block? Do you know what  
19 that next block says?

20 A. That's the month and the year.

21 Q. So, you're charting for May of 2017?

22 A. Correct. These only last one month,  
23 according to -- the top has the 1 to  
24 31. So, every month these need to be  
25 changed. The next month would be a 6

1 of 17.

2 Q. For them to have placed on this document,  
3 "Ibuprofen, Imodium, and Maalox,"  
4 would they have had to receive  
5 instructions from you to do that?

6 A. No. These are over-the-counter  
7 medications.

8 Q. So, is it your understanding that medical  
9 assistants can administer  
10 over-the-counter medications without  
11 your approval?

12 A. Yes.

13 (PLAINTIFF'S EXHIBIT 2 MARKED)

14 Q. Doctor, I'm going to hand you what is  
15 marked as Deposition Exhibit 2. Are  
16 you familiar with this document?

17 A. Yes.

18 Q. What is this document?

19 A. Physician Order Form.

20 Q. Okay. The top of it says "Physicians  
21 Order Form." What is the purpose of  
22 this document?

23 A. This gets faxed to the pharmacy to get  
24 medications filled and sent back.

25 Q. When we look at the first box it indicates

1           the name of the inmate, which is  
2           Gregory Wright; is that correct?

3 A.     Correct.

4 Q.     His date of birth, his allergies --  
5           aspirin?

6 A.     Yes.

7 Q.     And the date -- is that the date of the  
8           order?

9 A.     Yes.

10 Q.    Coming across it says "Bactrim."   What is  
11         that?

12 A.    An antibiotic.

13 Q.    What is that typically used for?

14 A.    Infections.

15 Q.    Do you recall what the infection was?

16 A.    No.

17 Q.    Okay.   And at the bottom of that it says  
18         "TO: Dr. Malvasi/."   Who is that?

19 A.    Raymond Gallanti.

20 Q.    Who is Raymond Gallanti?

21 A.    He was a medical assistant in the past.

22                 MS. HOHENBERGER:   We are talking  
23 about 8-28-16?

24                 MR. RUCKER:   Yes.

25 Q.    Okay.   If we come down one block, we have

1           the same name, "Greg Wright,  
2           Gregory"?

3 A.     Yes.

4 Q.     Same date of birth?

5 A.     Yes.

6 Q.     "Allergies, ASA."   What is "ASA"?

7 A.     Aspirin.

8 Q.     Date 5-3-17.   And, it indicates "Xeralto."  
9           What's that on number 2?

10 A.     "Dressing changes PRN until healed."

11 Q.     Was this sent to you?   It says, "To:  
12           Dr. Malvasi."

13 A.     No, it doesn't say "To: Dr. Malvasi."

14 Q.     What does that say?

15 A.     It says "Telephone order Dr. Malvasi."

16 Q.     Okay.   So, what does it mean, "Telephone  
17           order Dr. Malvasi"?

18 A.     That they called me and asked me -- they  
19           said, "This inmate brought this  
20           medication in, and is he okay to have  
21           it?"

22 Q.     So, they had indicated to you that he was  
23           on Xarelto?

24 A.     Correct.   Just like the previous one,  
25           Raymond called me on is Bactrim.   He

1 must have brought in the Bactrim, and  
2 he had ten days left of it; so, is it  
3 okay to give it to him? Yes.

4 Q. Okay. What we saw on Exhibit 1; the  
5 Ibuprofen, the Imodium, and the  
6 Maalox, is that referred to as a  
7 "protocol"?

8 A. No.

9 Q. It's not?

10 A. No.

11 Q. Do you have a protocol for withdrawal from  
12 heroin?

13 A. No.

14 Q. Is Heroin an opiate?

15 A. Yes.

16 Q. Do you have an opiate withdrawal policy?

17 A. Yes.

18 Q. And what is that?

19 A. Medications for me, for severe  
20 withdrawals?

21 Q. Yes. What is it comprised of?

22 A. Medications that help with the symptoms of  
23 a severe withdrawal.

24 Q. Do you have specific drugs that you have  
25 the medical assistants administer for

1                   withdrawals?

2 A.     With an order from me, yes.

3 Q.     Okay. If there's no order from you, they  
4           are not to administer any drugs?

5 A.     No prescription medications.

6 Q.     Ibuprofen is not a prescription  
7           medication, is it?

8 A.     There's a list of over-the-counter  
9           medications that inmates will ask for  
10          on a regular basis. If they have a  
11          headache, Tylenol. If they have a  
12          cough, cough medicine. If they are  
13          constipated, diarrhea. It's  
14          basically the same medications that's  
15          in their cabinets at home that they  
16          could grab. But, of course, they  
17          can't keep them on them in the  
18          correctional setting. They have to  
19          be kept by the staff, and that  
20          clarifies it.

21 Q.     So, you do not have a routine policy of  
22          Ibuprofen, Maalox, and Imodium that  
23          is termed as a "withdrawal protocol"?

24 A.     This treats their signs and symptoms.

25 (PLAINTIFF'S EXHIBIT 3 MARKED)



1 Q. They have handed you what's captioned as  
2 General Assessment Form. Are you  
3 familiar with that document?

4 A. Yes.

5 Q. And what is that document?

6 A. General Assessment Form.

7 Q. What is its purpose?

8 A. Just a streamlined charting for an inmate  
9 that's seen.

10 Q. And this inmate is Gregory Wright?

11 A. Yes.

12 Q. And this is dated May 5, 2017?

13 A. Yes.

14 Q. And it indicates "12:15." Is that a.m.?

15 A. It says "A" and it's cut off.

16 Q. And the complaint and subjective data; it  
17 says, "Coming off heroin. Says, 'I'm  
18 sick.' Won't tell me anything else."

19 Okay, and it indicates the  
20 medication as Xarelto. For "Level of  
21 Consciousness," what does that say?

22 A. "Alert and oriented times three."

23 Q. And what does that -- "Alert and oriented  
24 times three," indicate in layman's  
25 terms?

1 A. That he's alert and oriented to person,  
2 place, and time.

3 Q. Okay. And the general appearance is  
4 "disheveled"?

5 A. Yes.

6 Q. "Skin appearance is clammy. No indication  
7 of blood pressure, pulse,  
8 respiration" --

9 A. Yes.

10 Q. What does the "T" stand for?

11 A. Temperature.

12 Q. What does "SPO 2 percent" indicate?

13 A. Pulse oximetry.

14 Q. Okay. There's no indications in that; is  
15 that correct?

16 A. Yes.

17 Q. Would you expect that when a general  
18 assessment form is completed that  
19 they would take the vitals -- are  
20 those considered to be vitals?

21 A. Well, the statement underneath says,  
22 "Unable to obtain vital signs due to  
23 inmate being uncooperative." So, I  
24 don't think -- she was unable to do  
25 vital signs secondary to the inmate's

1           being uncooperative.

2 Q.     But, would it be your expectation,  
3           generally speaking, that if an inmate  
4           comes in and is complaining that he's  
5           sick and he's coming off heroin, that  
6           they would take the vitals?

7 A.     They do do the vitals.

8 Q.     And why is it important that they do the  
9           vitals?

10 A.    Just to have an understanding of the blood  
11         pressure, the pulse, the respiration.

12 Q.    Okay. And, as a physician, what would  
13         that indicate to you? Why would you  
14         look at vitals?

15 A.    To assess a patient thoroughly.

16 Q.    When you say, "to assess a patient  
17         thoroughly," there are vitals that  
18         are within a normal range; is that  
19         correct?

20 A.    Correct.

21 Q.    And when your vitals are outside of that  
22         normal range, what would that  
23         normally, as a physician, cause you  
24         to do -- as a physician?

25 A.    It would depend on the treatment. It

1           would depend on which one we're  
2           dealing with.

3                    If it's blood pressure, it  
4           depends on what the treatment would  
5           be, if the patient needs treatment.

6 Q.    Okay.  And they would be important in your  
7           making a diagnosis; is that a correct  
8           statement?

9 A.    Yes.

10 Q.   As you read, it indicated that the patient  
11       was uncooperative?

12 A.    Yes.

13 Q.   How long have you been a physician?

14 A.    Twenty years.

15 Q.   Have you, in your 20 years practicing  
16       medicine, ever seen where someone is  
17       uncooperative as a symptom or a sign  
18       of their medical condition?

19 A.    I'm not sure if I understand the question.

20 Q.   Okay.  Could a patient be confused or in a  
21       disoriented state; and, for an  
22       untrained observer to see that as  
23       being uncooperative?  Is that  
24       possible?

25 A.    Are you talking in general or this

1 patient?

2 Q. In general.

3 A. Because he's alert and oriented; so, I  
4 wouldn't think of the description you  
5 give. I would want to know if this  
6 is my general patients, or just  
7 anybody?

8 Q. Just general.

9 A. Yes.

10 Q. Okay. Now, specifically to you, since the  
11 medical assistant indicates that they  
12 are alert and oriented to time,  
13 place -- and what else?

14 A. Person, place, and time.

15 Q. Person, place, and time -- then it would  
16 be your, based on that annotation,  
17 that he was not disoriented or that  
18 his, what is considered to be  
19 uncooperative, was not a symptom of  
20 any underlying medical condition. Is  
21 that correct?

22 A. Correct.

23 Q. Under that it indicates, "Treatment Plan."  
24 What is a treatment plan?

25 A. A treatment plan is for the medical

1 assistants to give medications based  
2 on the symptoms of what he's telling  
3 her that he's going through heroin  
4 withdrawals.

5 Q. Okay. Now, who determines the treatment  
6 plan?

7 A. It's a protocol for, like, signs and  
8 symptoms of what an inmate might  
9 present with. If an inmate presents  
10 with a headache, it's okay to give  
11 him Tylenol. When he comes up and  
12 he's complaining of a cough, it's  
13 okay to give him cough medicine. If  
14 he's nauseous you give medication for  
15 nausea that are not prescriptions.  
16 They are over-the-counter.

17 Q. Who would determine what treatment plan to  
18 give an inmate based on their  
19 complaint?

20 A. It would be on my list of medications that  
21 are approved to give for what they  
22 are going through -- their symptoms.

23 Q. So, if an inmate came in and complained of  
24 a headache, you have some list that  
25 says, "If the inmate complains of a

1           headache, give him this"? Is that  
2           what you're saying?

3 A.       Mostly they come up and they come to the  
4           cart and they say, "I'm having a  
5           headache. Could I have some aspirin  
6           or Tylenol? Or, they might say  
7           they're constipated, or nauseous, or  
8           have heartburn. They have the  
9           medications that they are allowed to  
10          supply to them for a limited amount  
11          of time.

12 Q.      And they don't need your approval to do  
13          this?

14 A.      No.

15 Q.      Okay. What is Imodium used for?

16 A.      Stomach issues, nausea.

17 Q.      Vomiting?

18 A.      Vomiting. Maalox for the vomiting,  
19          Imodium for the diarrhea.

20 Q.      And Ibuprofen?

21 A.      Generalized; headaches, pain, swelling.

22 Q.      So, based on this general assessment form  
23          which was done by -- is that Medical  
24          Assistant Hake?

25 A.      Yes.

1 Q. That on her own judgment she entered into  
2 a treatment plan of Ibuprofen,  
3 Imodium, and Maalox to Mr. Wright?

4 MS. HOHENBERGER: I'm just going  
5 to object, because the document speaks for  
6 itself.

7 A. She uses the protocol that's for the signs  
8 and symptoms of nausea, vomiting,  
9 that's she's trained to do.

10 Q. Okay. None of those signs or symptoms are  
11 indicated on this form; is that  
12 correct?

13 A. Correct.

14 Q. What are the signs and symptoms that will  
15 warrant Ibuprofen, Imodium, and  
16 Maalox?

17 A. Him coming off the heroin.

18 Q. So, if an inmate is coming off of heroin,  
19 then the medical assistants have your  
20 authority without consulting you, to  
21 administer Ibuprofen, Imodium, and  
22 Maalox. Is that correct?

23 A. It's used to give him -- to treat his  
24 signs and symptoms. Of course, you  
25 know, we can't give heroin as a



1 withdrawal for heroin. On the  
2 streets when you withdraw from  
3 heroin, what do you do? You go get  
4 more heroin.

5 In a correctional setting, you  
6 have to give whatever is non-opiate,  
7 non-narcotic, in this type of setting  
8 to help them alleviate through the  
9 symptoms. It's a protocol that we've  
10 used for years that's been successful  
11 in treating their signs and symptoms  
12 to help them alleviate their  
13 discomfort with going through the  
14 detoxification of the heroin.

15 Q. Okay. How long, if you know, at the time  
16 of this general assessment form had  
17 Rachel Hake been a medical assistant?

18 A. I'm not sure.

19 Q. How long has she been working for you at  
20 the time of this assessment?

21 A. I'm not sure.

22 Q. You have a private practice; is that  
23 correct?

24 A. Yes, Sir.

25 Q. And how long have you had a private

1 Q. Other than what you presume they learned  
2 in school, had they received any  
3 training since employed by you at  
4 Trumbull County Jail in regards to  
5 those issues?

6 A. They are always in training being here.  
7 Training is something in the medical  
8 field that you go through forever.  
9 I'm currently still in training and  
10 will be on training the rest of my  
11 life.

12 But, the training that I  
13 received in medical school -- they  
14 get their training through MA school  
15 just to determine the appropriateness  
16 of someone having a stroke, a heart  
17 attack -- are signs that they are  
18 trained through their University or  
19 school where they are trained.

20 Q. All right. Do you have to take continuing  
21 education courses?

22 A. Yes.

23 Q. As a physician in the State of Ohio to  
24 maintain your license; is that  
25 correct?

1 A. Well, a medical assistant certificate.

2 Q. Okay. Do you know that for certain?

3 A. I'm certain my nurse, Debbie, does  
4 continuous education to continue to  
5 be a certified medical assistant.

6 Q. So, would you be you surprised to learn  
7 that they are not required to have  
8 continuing classes to maintain their  
9 license?

10 A. No.

11 Q. So, is there any formal training in the  
12 Trumbull County Jail of your staff?

13 A. Yes.

14 Q. Who does that formal training?

15 A. Carla.

16 Q. And you're saying Carla Ahart?

17 A. Yes.

18 Q. Who determines what training they receive?

19 A. Well, after their certificate they are  
20 given on-the-job training working in  
21 the correctional setting and what  
22 their job entails.

23 Q. Let me be more specific, then. When I say  
24 "formal training" do they ever sit  
25 down with written materials and go

1           through specific topics in regards to  
2           enhancing their medical knowledge?

3 A.     Not through me.

4 Q.     Do they do that with Carla Ahart?

5 A.     Not that I am aware of.

6 Q.     So, the training you believe they receive  
7           is basically on-the-job training?

8 A.     For the Trumbull County Jail.

9 Q.     Is that any different than at your private  
10          practice?

11 A.     My private practice staff does not go  
12          through any advanced training for the  
13          jail; so, they don't go through the  
14          extra training.

15 Q.     Training for your private office practice.

16 A.     No. There is no training.

17 Q.     But you're there on a consistent basis; is  
18          that correct -- at your private  
19          practice?

20 A.     Yes.

21 Q.     And at your private practice you have the  
22          ability to be on site and to  
23          supervise your medical assistants; is  
24          that correct?

25 A.     Mostly Debbie Cornicelli supervises when

1 A. Sometimes it's p.m.

2 Q. Are you ever here on midnight shift?

3 A. Never -- unless there's an emergency. If

4 I get called in -- very rarely.

5 Q. Is Carla Ahart a supervisor here?

6 A. She's a supervisor for the medical

7 assistants.

8 Q. What are her duties?

9 A. To supervise the medical assistants.

10 Q. What does that entail in your thought

11 process?

12 A. Making sure that the medications are

13 ordered for the inmates, sick call is

14 done, evaluations are done, charting

15 is done, filing, getting reports,

16 seeing inmates when they come in on a

17 booking.

18 Q. Is training one of her responsibilities?

19 A. Training the medical assistants; yes.

20 Q. Have you sat down and spoken with her in

21 regards to her duties as training the

22 medical assistants?

23 A. We go over what needs to be done, yes.

24 Q. When you say "we go over," is that a

25 formal --

1 A. 101.

2 Q. Talking?

3 A. Yes.

4 Q. When you say, "what needs to be done,"  
5 what determines what needs to be  
6 done?

7 A. The things that aren't getting done.

8 Q. Would that include administration and  
9 recordkeeping; things like that?

10 A. Filing. If they are behind in filing  
11 charts, filing documentation, getting  
12 supplies ordered.

13 Q. What training is given in regard to  
14 patient care?

15 MS. HOHENBERGER: Are you  
16 talking about here, for the inmates?

17 MR. RUCKER: Yes, for the  
18 inmates.

19 A. What do you mean by "training"?

20 Q. What training is given, just like you  
21 training and your continuing  
22 education; where they go and talk to  
23 you about signs and symptoms of  
24 stroke, or new developments in  
25 medicine, cardiology, or pulmonary --

1 things that would enhance your  
2 practice. What type of training is  
3 given to the medical assistants here  
4 at Trumbull County Jail in regards to  
5 the treatment of inmates -- signs and  
6 symptoms, what you can do, what you  
7 can't do?

8 A. That's all done through their 80 weeks of  
9 training before they start.

10 Q. How many weeks?

11 A. Eighty hours.

12 Q. Eighty hours. And who does that?

13 A. Carla.

14 Q. That's equivalent of two weeks?

15 A. Yes.

16 Q. How would that be annotated that they  
17 received that 80 hours of training?

18 A. There's a schedule that she sets up for  
19 them before they are hired.

20 Q. Is that a written schedule?

21 A. Yes.

22 Q. Where is that schedule maintained?

23 A. Probably through Carla.

24 Q. When you say "through Carla" what does  
25 that mean?

1 A. It has to be documented somewhere because  
2 they have to get paid for their  
3 training.

4 Q. Is there something that indicates what  
5 specifically they are trained on?

6 A. Yes.

7 Q. And Carla would have that?

8 A. Yes.

9 Q. Do you know what that form is called?

10 A. I have seen it. I don't know the exact  
11 name for it, though.

12 Q. Could it possibly be called "training  
13 checklist"?

14 A. Could be.

15 (WHEREUPON A RECESS WAS TAKEN AT 11:24 AM AND

16 TESTIMONY RESUMED AT 11:43 AM)

17 (PLAINTIFF'S EXHIBIT 4 MARKED)

18 BY MR. RUCKER:

19 Q. Doctor, you have been handed what's been  
20 marked as Deposition Exhibit 4  
21 captioned as a "training check-off  
22 list." Is this the document you were  
23 referring to when you talked about  
24 the 80-week (sic) training?

25 A. Yes.



1 Q. You indicate that this is for Laura Yoder?

2 A. Correct.

3 Q. Her job title at this time was medical  
4 assistant extern. What is "extern"?

5 A. We take externs from area medical  
6 assistant programs for 160 to 180  
7 hours to train them towards their  
8 medical assistant degree.

9 Q. And it indicates here that the starting  
10 date of Laura Yoder was February of  
11 2017?

12 A. Yes.

13 Q. And just looking at this as an example of  
14 the training check-off list that you  
15 have previously indicated that all  
16 your medical assistants go through  
17 prior to them becoming employees. Is  
18 that correct?

19 A. Yes.

20 Q. Should Medical Assistant Hake have one of  
21 these?

22 A. Yes -- or went through it.

23 Q. Where would that be maintained?

24 A. I don't know if she keeps them after she  
25 goes through them or not. I think

1           when she goes through them and if she  
2           signs off, and Carla sees they have  
3           done it all, she may keep them in her  
4           file or discard them. I don't know.

5 Q.     As a physician, recordkeeping is  
6           everything; isn't it?

7                     MS. HOHENBERGER: Objection.

8 A.     In patient care it is.

9 Q.     So, in regards to patient care you would  
10          expect that records would be  
11          maintained. Is that correct?

12 A.     Patient records, yes.

13 Q.     In regards to patient care. Training  
14          directly reflects on the care that a  
15          patient receives. Would that be an  
16          accurate statement?

17                     MS. HOHENBERGER: Objection.

18 Training as to who?

19 Q.     Training of medical assistants has a  
20          direct relationship with the care  
21          that patients receive. Would that be  
22          an accurate statement?

23 A.     To some degree.

24 Q.     What degree would it not be an accurate  
25          statement?

1           learning, continuous learning  
2           experience.

3 Q.     But, the State does require that you  
4           maintain those records?

5 A.     Yes.

6 Q.     And it's important to the State; right?

7 A.     Yes.

8 Q.     And it's very important to you because  
9           it's important to the State; right?

10 A.    Yes.

11 Q.    You don't think it's important to maintain  
12          training records for the medical  
13          assistants for the same reason?

14 A.    The State of Ohio has none of my training  
15          records at all.

16 Q.    Personally -- you. Do you think it's  
17          important to maintain those records  
18          of training?

19 A.    My training records for my residency,  
20          internship, externship, are nowhere  
21          at the State. The hospital destroys  
22          them when you're done.

23 Q.    Do you, as a physician employing medical  
24          assistants to render care to patients  
25          in or out of the jail -- do you think

1           it's important that training records  
2           be maintained on your employees?

3 A.       They are not allowed to be hired unless  
4           this checklist is completely done.  
5           If this checklist is done, then we  
6           know they went through the training.  
7           It's not vital that they're kept  
8           personally for me; because, I know  
9           that their 80 weeks (sic) of training  
10          goes over this whole sheet. And in  
11          order to be employed you need that  
12          extra 80 hours of training, or that  
13          extra 160 plus 80. But this is just  
14          the checklist that we know that they  
15          went through ABC -- A through Z.  
16          And, once it's done then we know they  
17          have had the training.

18 Q.       Okay. Let's go over the training  
19          check-off -- your Exhibit 4. It  
20          says, "Orientation to jail and  
21          medical department." What would that  
22          consist of?

23 A.       Where is that?

24 Q.       The first activity under the "Activity  
25          orientation."

- 1 A. Basically, take them through, you know,  
2 the jail, the booking department,  
3 medical department, showing them  
4 where everything is at.
- 5 Q. Next one is "Clocking in, time sheets"?
- 6 A. Correct.
- 7 Q. "Review of medical manual." What is the  
8 medical manual?
- 9 A. That's the manuals and the policies and  
10 procedures left in medical of the  
11 things that they need to read over.
- 12 Q. Okay. The next one is "Doors and cabinets  
13 locked"?
- 14 A. Yes.
- 15 Q. "Shift reports"?
- 16 A. Yes.
- 17 Q. "Phone extensions"?
- 18 A. Yes.
- 19 Q. "Vaccine"?
- 20 A. Yes.
- 21 Q. "Filing"?
- 22 A. Yes.
- 23 Q. "Charts"? Is that how to complete a  
24 chart?
- 25 A. I can't read what it says. It is

1 Q. What would indicate to me if there is no  
2 initial?

3 MS. HOHENBERGER: Objection.

4 Q. Would I be correct in assuming that they  
5 did not receive training in that  
6 area?

7 A. No.

8 Q. Why wouldn't I?

9 A. I don't know if it's just not documented  
10 or -- you would have to find out  
11 through Carla through the evaluation  
12 form if that was done or not.

13 This is an extern. This is not  
14 an employee. She's going through her  
15 externship.

16 Q. Does she work for you now?

17 A. No.

18 Q. So, is there a difference between an  
19 extern going through the training and  
20 your employee going through the  
21 training?

22 A. An extern is given more time because they  
23 are trained through the school; and,  
24 this has to be faxed to the school to  
25 make sure they have completed the

1 majority of it.

2 Q. If there is no training check-off list  
3 included in any of your employees'  
4 personnel files, how would you  
5 explain that?

6 MS. HOHENBERGER: Objection.  
7 You're assuming that it's not?

8 MS. RUBRIGHT: Yes, it's a  
9 hypothetical.

10 MR. RUCKER: I haven't seen it.  
11 I've requested it and it hasn't been provided  
12 to me.

13 MS. HOHENBERGER: Objection,  
14 again. Are you talking about files that you've  
15 received on three or four medical assistants,  
16 his employees generally? I'm not sure what  
17 you're asking.

18 BY MR. RUCKER:

19 Q. In regards to your employees who work at  
20 the Trumbull County Jail, if there  
21 are no training check-off lists  
22 contained in their personnel files  
23 that have been provided to me  
24 pursuant to a discovery request  
25 issued to your attorney, how would

1           you explain that?

2 A.       I don't know. I don't know if she keeps  
3           them somewhere else. I don't know  
4           where they are kept after they check  
5           them out.

6 Q.       Are you even sure that these forms are  
7           utilized for the training of  
8           permanent employees?

9 A.       Yes.

10 Q.       Do you use these forms in your private  
11           practice?

12 A.       No.

13 Q.       Do you use any form in your private  
14           practice?

15 A.       No.

16 Q.       I think you have indicated Miss Cornicelli  
17           does all the training in your private  
18           practice.

19 A.       No.

20 Q.       Who does the training in your private  
21           practice?

22 A.       There's no training.

23 Q.       If we continue down it says, "Test list  
24           binder." What is that?

25 A.       The list of the drug screening pregnancy



1 Q. "Medical request forms." What does that  
2 consist of?

3 A. Making a medical request for Tylenol; if  
4 they need to see the dentist, you  
5 need to get his medication from the  
6 pharmacy.

7 Q. Would that relate to sick calls?

8 A. No. That's the medical request form. The  
9 inmates fill that out.

10 Q. Okay. So, this would be what the inmate  
11 or the LPN would fill out to order  
12 those things?

13 A. No. The inmates are given that form to  
14 fill out -- "Joe Smith. I need  
15 ibuprofen," or, "I need to see the  
16 dentist," or, "I need something from  
17 the pharmacy."

18 Q. "Verification of medications"?

19 A. Yes.

20 Q. "Review of alcohol. Opiate protocols"?

21 A. Okay.

22 Q. Is that review of alcohol, barbiturates  
23 and opiate protocols?

24 A. Yes.

25 Q. I think we had talked about this earlier.

1           What is your opiate protocol?

2 A.     Mine is, for medication, giving Catapres,  
3           Thiamine, for the treatment of  
4           symptoms.

5 Q.     It says, "What to do if someone" -- what's  
6           that say?

7 A.     Your guess is as good as mine.

8 Q.     Let's see if we can find a clear one.

9           MS. HOHENBERGER: It looks like  
10 "pregnant," to me.

11          MS. RUBRIGHT: It does to me,  
12 too.

13 Q.     "What to do if someone is pregnant"?

14 A.     Right.

15 Q.     Is that "Constipation," the next one?

16          MS. RUBRIGHT: No. "Computer  
17 password, email, pharmacy look-up."

18 (OFF THE RECORD)

19 Q.     Next is "How to make an appointment"?

20 A.     I agree.

21 Q.     "Medication"?

22 A.     "Pass." Yeah, "Med pass. Pharmacy, order  
23           medications and how, scan in  
24           medications that came in from the  
25           pharmacy, sign and date invoices to

1 go to Carla for payment, pre-book in  
2 assessment form, evaluations,  
3 packaging medications, date each,  
4 order forms, and progress notes."

5 Q. Next is, "Approval of" --

6 A. -- "medications. Personal medication  
7 sheet." That's the ones they bring  
8 in.

9 "Court ordered drug screen,  
10 EKGs, and aerosol breathing  
11 treatments."

12 Q. Okay. Are these the topics in which you  
13 would expect your medical assistants  
14 to be trained?

15 A. Yes.

16 Q. Do you have any other training other than  
17 training topics or training areas  
18 that you insist upon or that are  
19 required for your medical assistants  
20 other than what's on this check-off  
21 list?

22 A. No; but, when I'm down here seeing inmates  
23 they are continuously training when  
24 I'm evaluating somebody because they  
25 are in the room with me. At that

1           time I'm teaching and training at the  
2           same time.

3 Q.     Are the shifts of the medical assistants,  
4           are they rotating shifts or are  
5           they -- if you are on midnights  
6           you're on midnights?

7 A.     They rotate; or, personal preferences. If  
8           someone wants to work midnights this  
9           week or days this week because of  
10          babysitting, or whatever else, they  
11          put the request in a week before -- a  
12          month before.

13 Q.    You're aware that they were interviewed by  
14          Lieutenant Shay in regards to the  
15          investigation of Mr. Gregory Wright?

16 A.    Yes.

17 Q.    So, is that only temporary, or are they on  
18          midnights for long periods of time?

19 A.    It's personal preference for scheduling.

20 Q.    Would you be aware, if you are -- for  
21          example, Medical Assistant Hake, how  
22          long was she on midnights?

23 A.    I'm not sure.

24 Q.    Are you familiar with Medical Assistant  
25          Lockdale's shift?

1 A. She sets the hours because she does the  
2 scheduling; but, she's on-call, like  
3 myself, 24/7. She's always  
4 available. I'm always available.

5 I don't know how many shifts  
6 she's here. I know she worked all  
7 three shifts. But, it would be up to  
8 her how many shifts she wanted. She  
9 had the benefit of saying, "I want to  
10 work these four days; midnights,  
11 days, afternoons." She was in charge  
12 of the schedule.

13 Q. So, what Carla wants Carla gets?

14 MS. RUBRIGHT: Objection.

15 A. Pretty much.

16 Q. Okay. Are you familiar with minimum  
17 standards for jails in the State of  
18 Ohio?

19 A. Yes.

20 Q. And how are you familiar with that?

21 A. I have read through them.

22 (PLAINTIFF'S EXHIBIT 5 MARKED)

23 Q. Okay. I'm going to give you, for your own  
24 reading pleasure what's marked as  
25 Exhibit 5.

1 health authority shall develop  
2 specific policies and protocols in  
3 accordance with local, State, and  
4 Federal laws for the treatment and  
5 observance of inmates manifesting  
6 symptoms of intoxication or  
7 detoxification from alcohol, opiates,  
8 hypnotics, or other drugs. Specific  
9 criteria are established for  
10 immediately transferring inmates  
11 experiencing severe life threatening  
12 intoxication, overdose, or  
13 detoxification symptoms to a hospital  
14 or detoxification center." Is that  
15 your responsibility?

16 A. Yes.

17 Q. Have you developed specific policies and  
18 protocols in accordance with local,  
19 State, and Federal laws for the  
20 treatment and observation of inmates  
21 manifesting those symptoms?

22 A. Yes.

23 Q. Where are those policies and procedures  
24 located?

25 A. In medical.

1 Q. Under what caption?

2 A. "Opiate Withdrawal and Alcohol Withdrawal"  
3 protocols.

4 Q. Is that like the COWS?

5 A. Yes.

6 (PLAINTIFF'S EXHIBIT 7 MARKED)

7 Q. I have handed you what's been marked as  
8 Exhibit 7; "Clinical Opiate  
9 Withdrawal Skill," otherwise called  
10 COWS. Are you familiar with that  
11 document?

12 A. Yes.

13 Q. Is it your testimony that this document  
14 meets the requirement that is listed  
15 in 5120:1-8-09W?

16 A. For intoxication and detoxification? Yes.

17 Q. And that it complies with it fully in  
18 regards to: Specific criteria are  
19 established for immediately  
20 transferring inmates experiencing  
21 severe life-threatening intoxication  
22 or detoxification symptoms to a  
23 hospital or detoxification center.  
24 Are you saying that what's been  
25 marked as Exhibit 7 complies with

1 A. Correct.

2 Q. So, if you were assessing or if a medical  
3 assistant who believes that an inmate  
4 was going through withdrawal, in this  
5 case an opiate withdrawal, was to use  
6 this form and that's something above  
7 36, it should cause them some  
8 concern. Is that correct?

9 A. They call after a score is over 15 to 20.

10 Q. So, when they use this form, anything from  
11 15 to 20 they should call you?

12 A. They do call me.

13 Q. Is that written somewhere that they should  
14 call you?

15 A. They are trained in it.

16 Q. They're trained in that; but, there's  
17 nothing in writing that would  
18 indicate that?

19 A. Not that I am aware of.

20 Q. Okay. After using this form they can look  
21 at this number and know to call  
22 Dr. Malvasi; that there's some  
23 concern?

24 A. Yes. That's part of their training on  
25 COWS.



1 and look at somebody.

2 Q. So, the medical assistant, in this case  
3 Medical Assistant Hake, is not on the  
4 floor when she received the call;  
5 right?

6 A. No. She's in medical.

7 Q. So, the only person that could relay to  
8 her the significance of the event,  
9 whether or not it was an emergency or  
10 not, would be the corrections  
11 officers who are physically observing  
12 Mr. Wright; is that correct?

13 A. Right.

14 Q. So, they indicated it was an emergency;  
15 then, she should have come prepared  
16 to deal with that emergency. Is that  
17 correct?

18 A. Yes.

19 Q. If I understand you, you said that the  
20 COWS was not used on both occasions;  
21 that Medical Assistant Hake tended to  
22 Greg Wright because he refused  
23 medical attention. Is that what your  
24 testimony is?

25 A. His signs and symptoms might not have

1 warranted to start the COWS report.  
2 Everybody doesn't start on the COWS  
3 report from day one. They go through  
4 the signs and symptoms; and, if they  
5 continue to worsen then the COWS  
6 report is established.

7 So, her initial was to alleviate  
8 his systems by giving him the  
9 Ibuprofen, the Maalox, and -- the  
10 three cocktails.

11 Q. But, where Medical Assistant Hake has  
12 indicated that he is having opiate  
13 withdrawal, the COWS is for the  
14 purpose of opiate withdrawal; is that  
15 correct?

16 A. The COWS is for the purpose of the mild to  
17 moderate and severe cases of COWS.  
18 It's not used on everybody.  
19 Everybody's heroin use is different.

20 If you would like to walk back  
21 to medical now, we have a numerous  
22 amount of people withdrawing from  
23 heroin that are just on the three  
24 medications that get them through  
25 their symptoms. It depends on what

1           they're using. If someone is using  
2           an enormous amount, a long-term  
3           amount of heroin, their withdrawals  
4           are sometimes worse than the guy  
5           that's not using as much.

6 Q.     But, the score on this takes that into  
7           consideration. Is that correct?

8 A.     Yes.

9 Q.     So, if she believed and indicates that a  
10          knowledge that Mr. Wright is going  
11          through opiate withdrawal, that  
12          Mr. Wright is experiencing medical  
13          complications regardless of the  
14          severity, you're indicating that that  
15          would not necessitate Medical  
16          Assistant Hake to fill out this form  
17          so that she could call you and  
18          indicate the level of severity of his  
19          withdrawal?

20 A.     She wouldn't be able to fill out this  
21          report due to the patient's  
22          non-compliance. She was unable to do  
23          the vital signs, which means she  
24          wouldn't be able to look at his pupil  
25          size. She wouldn't be able to do a

1           thorough assessment on the inmate  
2           because of his combativeness.

3 Q.     Okay. If we go down to the box above  
4           "Score," where it says "Anxiety or  
5           irritability," on 4, "Inmate so  
6           irritable or anxious that  
7           participation in the assessment is  
8           difficult." Would you say that that  
9           covers "uncooperative"?

10 A.     No.

11 Q.     It doesn't?

12 A.     No.

13 Q.     Does Carla Ahart ever indicate to you  
14           whether or not she has given a formal  
15           training session involving  
16           documentation, materials, a sit-down  
17           training session with your employees?

18 A.     She notifies me after she completed the  
19           whole training assessment and  
20           somebody is ready to be hired -- or  
21           if they need more training. She'll  
22           say, "We have to extend her one more  
23           week because we weren't able to get  
24           through whatever." It happens very  
25           seldomly, but it does happen.

1 administrator, to your knowledge?

2 A. No.

3 Q. "All staff" -- it continues to read, "All  
4 staff responding to medical  
5 emergencies are certified in  
6 cardiopulmonary resuscitation in  
7 accordance with the recommendations  
8 of certifying health organizations."  
9 Are all your staff certified in CPR?

10 A. Yes. And I think it's every two years.  
11 They go through a class at the  
12 office. I know that's a bi-annual  
13 thing.

14 Q. Do they have records of being certified in  
15 CPR?

16 A. Uh huh.

17 MS. HOHENBERGER: Yes?

18 A. Yes, from the American Red Cross.

19 Q. Let's go to (U). It says, "Continuing  
20 Education for Health Trained  
21 Personnel."

22 "All qualified healthcare  
23 professionals participate annually in  
24 continuing education appropriate for  
25 their position." Do you have that?

1 practice medicine.

2 They are able to diagnose. They  
3 are able to write prescriptions.  
4 They are able to do everything a  
5 physician can do.

6 Q. Okay. So, under that thought process then  
7 you do not believe that there's a  
8 standard that requires continual  
9 training for medical assistants. Is  
10 that correct?

11 A. Like I said earlier, the training that  
12 they get -- the extra training  
13 through myself and Carla on a  
14 one-on-one basis is the only training  
15 that I am acknowledging that they do  
16 outside of the office.

17 Q. And you do not believe that it is mandated  
18 that they have continuing education  
19 on an annual basis. Is that correct?

20 A. Well, other than like their CPR  
21 certification -- the update. That's  
22 all the stuff they need to require to  
23 maintain their medical assistant  
24 certification.

25 Q. But that you specifically, as the health

1 A. I'm here every day; but, if there's no one  
2 to be seen on my sick-call list, if  
3 I'm not seeing anybody, I might be  
4 doing charts, going over evaluations,  
5 looking at reports from faxes, labs.  
6 Not every day is there patient  
7 contact.

8 Q. But you are there every day?

9 A. Sometimes two, sometimes three times a  
10 day.

11 Q. Okay. What do you consider to be  
12 delegation of responsibilities?

13 A. Can you elaborate on that a little bit  
14 more?

15 Q. As a physician, you can only delegate --  
16 you cannot delegate tasks to a  
17 medical assistant that they are not  
18 competent to perform; is that  
19 correct?

20 A. Correct.

21 Q. What is the limitation of the competency  
22 of the medical assistant, if you  
23 know?

24 A. Basically, they are just like ears and  
25 voices down here -- eyes -- to relay

1 messages to me for me to make a  
2 decision.

3 It's almost like a nursing home.  
4 If there's not a physician available  
5 there's medical assistants and staff  
6 that find out what's wrong with the  
7 patient. Same thing in a  
8 correctional setting.

9 Q. Do you have a system in place that ensures  
10 that medical assistants contact you  
11 in regard to inmate medical  
12 conditions when they should?

13 A. That's part of their training. I mean,  
14 they call me regularly numerous times  
15 a day. There's always that  
16 continuity of care. When somebody  
17 comes in, if they're allowed to have  
18 medication, like I said, that you're  
19 familiar with. And, if there's an  
20 issue, they call me.

21 If somebody gets in a fight,  
22 somebody sprains their ankle, they  
23 call me.

24 Q. Did anyone call you in regards to Inmate  
25 Wright other than to obtain your



1 he's just faking because he doesn't  
2 want to go to prison, he doesn't want  
3 to be transported to prison, what  
4 would you say that was?

5 MS. HOHENBERGER: Objection.

6 Q. Is that an assessment?

7 A. An evaluation.

8 Q. What kind of basis would you look for in  
9 that type of evaluation as a medical  
10 assistant?

11 A. In a corrections facility, of course,  
12 their main objective is not to be  
13 here. So, they do have strategic  
14 plans for not staying further in a  
15 jail or prison setting.

16 Q. Would you expect that they would take some  
17 vitals or things along that line to  
18 determine whether or not that's a  
19 true statement?

20 A. Vitals are always very important in the  
21 initiation of an inmate; as long as  
22 it doesn't put the girls at risk of  
23 somebody that's going to be forceful  
24 with them.

25 Once again, these girls are

1 threatened on a regular basis from  
2 these guys; and, our policy is not to  
3 put yourself in harm's way, not to be  
4 struck at.

5 There's been episodes where  
6 these girls are swung on. They are  
7 insulted on a daily basis, as you  
8 know, being in a correctional  
9 setting. Derogatory comments from  
10 inmates to the staff is done  
11 regularly.

12 So, when an inmate refuses  
13 anything, any type of treatment, they  
14 are not forced to initiate any  
15 confrontation that's going to result  
16 in an injury, for their protection.

17 MR. RUCKER: All right. I don't  
18 have any further questions.

19 MS. HOHENBERGER: He'll read.  
20 (WHEREUPON THE DEPOSITION OF PHILLIP MALVASI,  
21 D.O., WAS CONCLUDED AT 1:35 PM AND IT WAS AGREED  
22 BY AND BETWEEN COUNSEL AND THE PARTIES THAT THE  
23 DEPONENT WILL READ AND SIGN THE TRANSCRIPT OF  
24 SAID DEPOSITION)  
25

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF OHIO  
EASTERN DIVISION

CASE NO. 4:17-CV-002383

ESTATE OF GREGORY WRIGHT AND )	
BARBARA WRIGHT, )	
Plaintiff )	DEPOSITION
VS )	OF
TRUMBULL COUNTY BOARD OF )	<u>MS. CARLA AHART</u>
COMMISSIONERS, ET AL., )	
Defendants )	

DEPOSITION taken before me, Tracey R. Winck,  
a Notary Public within and for the State of Ohio, on  
the 9th day of July A.D., 2018, pursuant to agreement  
and at the time and place therein specified, to be  
read in evidence on behalf of the Plaintiff in the  
aforesaid cause of action, pending in the United States  
District Court for the Northern District of Ohio,  
Eastern Division.

1 60 hours one week and 30 hours the next week that's  
2 my hours, but I cannot tell you that I am 40 hours a  
3 week and that's all.

4 Q Did you ever work less than 40 hours a  
5 week?

6 A Yes.

7 Q Did you ever work less than 30 hours a week?

8 A Yes. Now, I am on call 24 hours a day seven  
9 days a week

10 Q Who can call you?

11 A Anybody, officers, lieutenants, sergeants,  
12 medical staff, Dr. Malvasi.

13 Q Have you gotten calls from correction officers?

14 A All the time.

15 Q In regards to inmates?

16 A Yeah.

17 Q Do you note those calls?

18 A Do I write them down on paper?

19 Q Yes.

20 A No, I do not.

21 Q If the correction officer calls you, he is  
22 calling you in regards to a medical condition of an  
23 inmate, is that correct?

24 A Yes.

25 Q And he relays to you how he observes this

1 Dr. Malvasi or a corporation?

2 A I believe by a corporation.

3 Q Do you know the name of that corporation?

4 A Correctional Health Care, LLC.

5 Q At some point as supervisor were you also  
6 responsible for training?

7 A Yes.

8 Q When did you become responsible for training?

9 A When I became a supervisor.

10 Q That would be upon your return in 2016?

11 A Yes.

12 Q Did you have formal training for the staff,  
13 formal training being predetermined topics and  
14 written materials?

15 A For training?

16 Q For training?

17 A No.

18 Q How would you train staff?

19 A Well, I would train them on what needs to  
20 be done at the jail.

21 Q How would you document that?

22 A Well, I have a sheet of paper, a form to  
23 make sure I go through everything to train them on.

24 Q When you say you have a form --

25 A Yeah. I made it up so I remember what to

1 train them on.

2 Q Can you tell me some of the topics or areas  
3 that are on that form?

4 A Yes, passing medication, packaging  
5 medication, ordering medications, dressing changes,  
6 diabetics, all policies and procedures, answering  
7 phones, calling physicians, calling pharmacies. If  
8 I had the document, I could tell you it all. There  
9 it is, sorry.

10 (Plaintiff's Exhibit No. 1 was marked for  
11 identification by the court reporter.)

12 Q I will hand you what's been marked for  
13 identification as Ahart Exhibit 1. Have you had a  
14 chance to look at that?

15 A Yes.

16 Q Can you tell me what that is?

17 A It is a checkoff list for training that I  
18 made up so I don't forget to train them in specific  
19 areas.

20 Q When did you begin using this form?

21 A December of 2016.

22 Q Would you use this form to train all of  
23 your employees?

24 A Yes. It's just a guideline.

25 Q Would this form be placed in each employee's

1 personnel file?

2 A Not necessarily.

3 Q Okay. If it's not in their personnel file,  
4 where would it be?

5 A The trash.

6 Q Why would it be in the trash?

7 A Because it's just a guideline for my personal  
8 use to make sure that I go over each and every one of  
9 them.

10 Q How would you --

11 A It's not a -- Sorry, go ahead.

12 Q No, I am sorry, I interrupted you.

13 A Go ahead, I forget what I was going to say.

14 Q How would you evidence that someone received  
15 that training if you put it in the trash, that you  
16 put it in the trash?

17 A By their performance of what they do at  
18 work.

19 Q So, for example, Exhibit 1 belongs to a  
20 Laura Yöder, is that correct?

21 A Correct.

22 Q She is a staff member during 2017?

23 A Yes.

24 Q Her checklist was in her file, is that  
25 Correct?

1 A I am assuming, yes.

2 Q Well, it, obviously, was maintained since  
3 we have it in front of us?

4 A Yes.

5 Q It was not thrown in the trash, is that  
6 correct?

7 A Yes, that's correct.

8 Q Why would this one not be thrown in the  
9 trash and the other ones might be thrown in the trash?

10 A I don't know.

11 Q Who makes the decision to throw it in the  
12 trash?

13 A Anybody's decision after their training.

14 Q So let me make sure I understand. On the  
15 training checkoff list, which you have indicated is  
16 the same for every employee, is that correct?

17 A Correct.

18 Q You have the employee's name, their  
19 starting date, is that their initial date of employment?

20 A That's the initial date of when I started  
21 the checkoff. If you look at the job title, she was  
22 an extern so that's when she started her externship.

23 Q So this is not the starting hire date, it's  
24 the starting date of training?

25 A Correct.



1 lock down that was sent up there by a corrections  
2 officer, would they add that person to the medical  
3 lock down list?

4 A Okay. They have a unit upstairs that is  
5 a lock down unit, 3A, and they are locked down for  
6 medical, disciplinary and for whatever other reasons  
7 that the officers lock them down. It is not  
8 specifically because of medical. Our medical goes up  
9 there to pass medications and if we are not notified  
10 of somebody that is on lock down that an officer has  
11 put on lock down, then we do not know that. We only  
12 know who we put on lock down. It is the officers'  
13 responsibility to let medical know if they are on  
14 lock down.

15 Q So you indicate that on the training  
16 activity called medical lock down list your lack of  
17 initials you say does not indicate that they did not  
18 receive their training?

19 A Correct.

20 Q If they did receive that training, why is  
21 your initial not there?

22 A We could have been busy and I didn't have  
23 time. I do not require, this is not a document  
24 that I require to be filled out and dated. This is  
25 for our personal use to make sure that we cover

1 everything. Eventually, everybody is going to be  
2 trained on every single thing here. Whether or not  
3 I have time or they have time to initial and date it  
4 is not necessary for us.

5 Q Okay. Are you familiar with the State  
6 doing audits of the medical department?

7 A Yes.

8 Q If the auditor from the State of Ohio comes  
9 in and wants to see your training record, has that  
10 ever happened?

11 A No.

12 Q They never ask you for your training  
13 records?

14 A Never. I don't think it's a part of their  
15 audit.

16 Q Do you know if they speak to Dr. Malvasi  
17 about training records?

18 A I don't know.

19 Q Have you ever spoken to an officer during  
20 the time that they were doing the audit?

21 A No.

22 Q If we come down on the training activity  
23 and orientation we see medical emergencies --

24 MS. AMBROSE RUBRIGHT: Where are you?

25 MR. RUCKER: 2/22, I believe the second

1 Q How would you determine that a situation  
2 was life threatening?

3 A Well, the officer would call us there and  
4 then I would assess that inmate with whatever  
5 conditions or complaints or problems that they are  
6 experiencing and then I would relay that to the  
7 doctor.

8 Q What are the staff trained to do?

9 A Which staff, officers or medical?

10 Q Medical.

11 A They are trained to do the same thing.

12 Q So if a corrections officer calls up to  
13 the medical or calls down to the medical department  
14 and says what they perceive to be a medical  
15 emergency, what would happen at that point?

16 A The staff, medical staff would take their  
17 bag and go upstairs and assess that inmate.

18 Q And what constitutes an assessment?

19 A You are constantly assessing inmates.

20 Q Do you teach specifically what a staff,  
21 medical staff should do in assessing an inmate for  
22 a serious medical condition?

23 MS. HOHENBERGER: Objection.

24 A Can you repeat that?

25 Q Do you train medical staff as to what

1 constitutes a serious emergency medical situation?

2 A Yes.

3 Q What is it that you teach them?

4 A All medical emergencies get assessed and  
5 we will determine, we have booking assessment forms,  
6 we have general assessment forms and once they  
7 gather all their assessment it's either called in to  
8 me or Dr. Malvasi.

9 Q Are vitals a part of assessing?

10 A Yes.

11 Q And so how do you instruct your staff  
12 members that when they arrive on the scene of a  
13 medical emergency the action that they should take?

14 A I tell them to do vital signs.

15 Q What constitutes vital signs?

16 A Everything.

17 Q In laymen's terms, I am not medically  
18 trained, as a medical person what constitutes  
19 vital signs?

20 A All emergency situations.

21 Q Is blood pressure a vital sign?

22 A Yes.

23 Q What else would be a vital sign?

24 A I am sorry, you are specifically asking  
25 me what vital signs are, a pulse, respiration,

1 temperature, blood pressure, pulse ox.

2 Q You say pulse ox?

3 A Yes.

4 Q What is pulse ox?

5 A That gives you the pulse and the oxygenation

6 level.

7 Q How is that done?

8 A It's an electronic device that you put on

9 their finger.

10 Q Is that contained in that bag that they

11 are supposed to bring with them?

12 A Yes.

13 Q If they don't bring that bag, they are not

14 capable of doing that pulse ox, is that correct?

15 A Correct.

16 Q It would be your expectation that they

17 would bring that bag, is that correct?

18 A Correct.

19 Q Would you consider the pulse ox an

20 important part of the assessment of an inmate?

21 A One important factor.

22 Q What would be the purpose of that assessment,

23 of taking all the vitals?

24 A So that the doctor can diagnose the

25 problem.

1 Q Can you make a diagnosis?

2 A No.

3 Q Can you initiate protocols without  
4 speaking to the doctor?

5 A Yes.

6 Q You can do that?

7 A Yes, protocols that he has approved.

8 Q Protocols he has approved, they are  
9 protocols he has approved in general, is that correct?

10 A I am not sure.

11 Q For a specific inmate, if a specific  
12 inmate is having high blood pressure, vomiting, are  
13 you able to diagnose him as withdrawal and on your  
14 own decide that you are going to put him on opiate  
15 withdrawal protocol?

16 A Well, I do an assessment and if that  
17 inmate is having nausea and vomiting per the protocol  
18 I could give them Maalox for the nausea and vomiting.  
19 And we could go down the list of what their complaint  
20 or problem is, I could give them on the policy or  
21 procedures per specific that problem. I know what  
22 their vital signs ranges are. If they go out of  
23 that range, I know it's an abnormal and I contact  
24 the doctor. I don't diagnose somebody with withdraws.  
25 I can only assume by what they tell me and their

1 physical assessment that they are going through  
2 withdraws or whatever else that the problem is.

3 Q So if an inmate told you he was going  
4 through withdrawal without calling the doctor you  
5 would initiate a protocol based on what the inmate  
6 told you?

7 A I would initiate what he is complaining  
8 of from his withdrawal so if he is complaining of  
9 nausea or vomiting I would give him Maalox. If he  
10 was complaining of diarrhea, I would give him the  
11 Immodium and so on and so forth. I would treat him  
12 according to his complaints that are approved on the  
13 protocol by Dr. Malvasi.

14 Q So in that situation as long as you are  
15 dealing with what symptoms you see, signs and symptoms?

16 A Correct.

17 Q You would not feel the need to call  
18 Dr. Malvasi?

19 A It depends on which signs and symptoms.

20 Q The ones you just stated.

21 A The ones I just stated, the diarrhea,  
22 nausea and vomiting, yes, I would not call him for  
23 that.

24 Q If blood pressure was high, would you call  
25 him then?

1 Q We had discussed, I had mentioned earlier  
2 signs and symptoms. What are signs and symptoms?

3 MR. RUCKER: Strike that.

4 Q Is there a protocol for signs and symptoms?

5 A Yes.

6 Q What is that protocol for signs and  
7 symptoms?

8 A You would have to look through the  
9 protocol and see.

10 Q You don't know that?

11 A I mean I know specific things have signs  
12 and symptoms, what we're looking for but I mean  
13 that's specifically.

14 Q Opiate withdrawal, what are signs and  
15 symptoms of opiate withdrawal?

16 A Nausea, vomiting, overall aches and pains,  
17 sweating, goose bumps.

18 Q If an inmate exhibits those signs and  
19 symptoms, what should be the action of the medical  
20 assistant?

21 A They will treat per protocol what the  
22 symptoms are so if they have nausea or diarrhea we  
23 would give them Immodium or Maalox, Tylenol, Motrin.

24 Q But if those are the signs and symptoms  
25 of withdrawal --



1 of an elevated blood pressure, would you as their  
2 trainer and supervisor expect them to recognize that  
3 as a serious medical condition?

4 MS. HOHENBERGER: Objection.

5 MS. AMBROSE RUBRIGHT: Objection.

6 A Yes.

7 Q Are you familiar with Inmate Gregory  
8 Wright?

9 A Somewhat, yes.

10 Q How are you familiar with Inmate  
11 Gregory Wright?

12 A He was an inmate here.

13 Q Did you have contact with him?

14 A Yes, I did.

15 Q On how many occasions?

16 A Two times.

17 Q What was your first occasion?

18 A He was over in booking being booked in and  
19 I was called over because he had medication and he  
20 had a wound on his leg.

21 Q What was your conversation with him?

22 A I asked him, I did a booking assessment  
23 form, asked him the questions on there.

24 Q Did you annotate on that booking assessment  
25 what he told you?

1 A Yes.

2 Q What other information did he give you?

3 A Whatever is written down on my assessment  
4 form. I know that he said he did heroin that  
5 morning, that he was on Xarelto medication. He  
6 needed dressing changes on his leg wound.

7 Q Did you annotate on your booking  
8 assessment that he told you that he had used heroin  
9 that morning?

10 A Yes.

11 Q You would have annotated that specifically  
12 on what form?

13 A The booking assessment form.

14 Q And you're sure you annotated that on  
15 that form about the heroin?

16 A In my statement it says that I did, that  
17 means I did.

18 Q When was the second occurrence?

19 A The next day, which would have been the  
20 4th. When he was getting his dressing changed I  
21 heard a commotion. I was in my office. I went to  
22 see what was going on in the treatment room and he  
23 was being uncooperative and he only wanted his  
24 dressing taken off and a clean one put on. He didn't  
25 want it cleaned. He didn't want any antibiotic

1 ointment put on it.

2 Q Did you hear him make a statement regarding  
3 withdrawal?

4 A No, not to me.

5 Q Did you hear him make a statement to  
6 Medical Assistant Lobdell in regards to withdrawal?

7 A No.

8 Q During May of -- Let me show you what we  
9 will mark as Plaintiff's Exhibit 2.

10 (Plaintiff's Exhibit No. 2 was marked for  
11 identification by the court reporter.)

12 Q You have been handed what's been marked  
13 as Ahart Exhibit 2. Are you familiar with this  
14 document?

15 A Yes.

16 Q What is this document?

17 A The doctor's sick call list.

18 Q The names of the, where it's redacted in  
19 the black box, those would have been the names of  
20 inmates that were on that sick call list?

21 A Correct.

22 Q Indicated in brackets it says, "5-1-17,"  
23 is that the date of that sick call?

24 A That is the date that the doctor seen the  
25 inmates for sick call, yes.

1 A Correct.

2 Q And some of those policies and procedures  
3 deal specifically with withdrawals, is that correct?

4 A Correct.

5 Q I am going to hand you what we will  
6 mark as Ahart Exhibit 3.

7 (Plaintiff's Exhibit No. 3 was marked  
8 for identification by the court reporter.)

9 Q You have been handed what has been  
10 marked as Ahart Exhibit 3. Are you familiar with  
11 that?

12 A Yes.

13 Q Do you see where -- Is this a part of the  
14 medical procedures of the medical department?

15 A Yes.

16 Q Do you see the section in the middle of  
17 that, "Withdrawals From Drugs"?

18 A Yes.

19 Q And the first line indicates under  
20 "Withdtawals From Drugs inmate must have signs  
21 and symptoms - refer to protocol sheet," is that  
22 correct?

23 A Correct.

24 Q And we previously discussed signs and  
25 symptoms and how you believe the medical assistant

1 would just treat those signs and symptoms as they  
2 presented themselves, is that correct?

3 MS. HOHENBERGER: Objection.

4 A Yes.

5 Q If they had diarrhea, you would give  
6 Immodium?

7 A Whatever it said.

8 Q It indicates, the next line says,  
9 "Must get doctor's approval before putting on  
10 medications"?

11 A Yes.

12 Q When it says -- Would that include  
13 Immodium?

14 A No. It's on the nursing protocols.

15 Q When it says, "Must get doctors' approval  
16 before putting on medications you believe that does  
17 not include all medications?

18 A Correct.

19 Q What medications would it include?

20 A Everything that's on the -- Repeat that  
21 question.

22 Q What medications would you have to call  
23 the doctor prior to giving them to the inmate?

24 A Any prescription medication that is on  
25 the assessment form for opiates.

1 Q Okay. So it's your understanding that  
2 that line does not include Immodium or what's the  
3 other ones that --

4 A Maalox.

5 Q Maalox. That's not included in that?

6 A Correct. The over-the-counter medications  
7 is not included in that.

8 Q I will hand you what we will call  
9 Exhibit 4.

10 (Plaintiff's Ahart Exhibit No. 4 was  
11 marked for identification by the court reporter.)

12 Q What's been captioned as Ahart Exhibit  
13 No. 4 has been handed to you. Do you recognize  
14 this exhibit?

15 A Yes.

16 Q What is this exhibit?

17 A The opiate withdrawal scale.

18 Q What is the opiate withdrawal scale used  
19 for?

20 A For withdrawals of opiates.

21 Q When would this form be used?

22 A When they are not getting better with  
23 the Motrin or Tylenol that they are given or  
24 nausea and vomiting medication or diarrhea  
25 medication.

1 and you would read them and circle the appropriate  
2 number to that and so on and so forth. Then you  
3 would add up the numbers, put the score down here.  
4 And down here in the last box it says the score of  
5 5 to 12 is mild, 13 to 24 is moderate, 25 to 36 is  
6 moderately severe and so on. And that score they  
7 can look on the guideline and it will tell you what  
8 to do based on the numbers.

9 Q Okay. And as a trainer and supervisor  
10 when would you expect that your medical assistants  
11 would use this form?

12 A When they are still complaining of  
13 whatever they give them, if they give them Immodium  
14 and they are still having diarrhea, if they are still  
15 vomiting and the Maalox isn't working, then we would  
16 use this, so on and so forth.

17 Q So if a medical assistant saw what's on  
18 the second time that they saw an inmate complaining  
19 of signs and symptoms, would you have expected them  
20 to fill out the clinical opiate withdrawal scale?

21 MS. AMBROSE RUBRIGHT: Objection.

22 MS. HOHENBERGER: Objection.

23 A It would depend.

24 Q What would it depend on?

25 A Depend on the situation.

1 MS. AMBROSE RUBRIGHT: Objection.

2 MS. HOHENBERGER: Objection.

3 A No.

4 Q You don't?

5 A Huh-uh.

6 MR. RUCKER: This is what we will mark  
7 as 5.

8 (Plaintiff's Ahart Exhibit No. 5 was  
9 marked for identification by the court reporter.)

10 Q You have been handed what's been  
11 marked as Ahart Exhibit 5. Are you familiar with  
12 this policy?

13 A Yes.

14 Q This is a part of the policies and  
15 procedures of the medical department of the Trumbull  
16 County Jail?

17 A Yes.

18 Q It is the policy for withdrawals. You  
19 see that first paragraph?

20 A Yes.

21 Q It says, "Inmates must show these signs  
22 and symptoms before being placed on medications  
23 and you must get an order from Dr. Malvasi. Not  
24 everyone will experience withdrawal symptoms. Must  
25 use score sheet or COWS (Opiate) score sheet."



1 A Yes.

2 Q How is that policy implemented in the  
3 medical department under your supervision?

4 A Well, they must show signs and symptoms  
5 before being placed on the medication. We're  
6 talking about the prescription medication where  
7 they use the assessment form, the COWS, for the  
8 opiate, the alcohol, the CIWA for the alcohol,  
9 the scoring sheet.

10 Q What are the prescription medications  
11 that you're saying this refers to?

12 A Catapres, Thiamine and Bental.

13 Q Is there a protocol in writing that  
14 indicates these prescriptions?

15 A Yes.

16 Q Is that included in the policies and  
17 procedures?

18 A Yes.

19 Q And all of these prescriptions are, well,  
20 all of these are prescriptions, they are not non-  
21 prescription drugs, is that correct?

22 A Correct.

23 Q And these can only be administered  
24 through a doctor's orders, is that correct

25 A No.

1 Q It is not?

2 A The doctor can order medication for medical  
3 to administer it, yes.

4 Q That's what I am saying. It's only  
5 through a doctor's orders, you cannot administer  
6 those drugs just on your own by your own volition?

7 A I cannot prescribe the medications. I  
8 am not understanding, you use the word administer.

9 Q You cannot on your own, you cannot walk  
10 into the pharmacy, get Catapres based upon what you  
11 see from the COWS or anything else and administer  
12 it without doctor's orders, is that correct?

13 A Correct.

14 Q Did you ever review the medical records  
15 of Gregory Wright?

16 A Yes.

17 Q When did you review the medical records?

18 A I don't know a date but shortly after  
19 the incident.

20 Q So you did not review the records until  
21 after his death?

22 MS. HOHENBERGER: Objection. I am not  
23 clear what you're asking.

24 Q Did you ever review the medical records  
25 of Gregory Wright, you indicated that you had?

MS. AMBROSE RUBRIGHT: Objection.

MS. HOHENBERGER: Objection.

A No.

Q So there is no records maintained as evidence that you completed that training?

A No.

Q What direction does Dr. Malvasi give you in regard to supervision of the medical assistants?

A I am not sure what you are asking.

Q Does Dr. Malvasi give you directions as to what he expects from you as a supervising nurse in the medical department?

A Yes.

Q What are those directions?

A Supervising the assistants, making sure that they are doing what they are supposed to be doing, passing meds, calling doctors, writing orders, doing evaluations. I supervise their daily shift, whatever they have to do.

Q But you're not on their shifts, is that correct?

MS. HOHENBERGER: Objection.

A I may not physically be in this building but I am on call 24/7. They call me each shift several times a shift.

2 Q Does Dr. Malvasi ever sit with you and  
3 discuss training personally?

4 A Yes.

5 Q When was the last occasion that he  
6 did that?

7 A I talk to Dr. Malvasi several times a  
8 day everyday and we discuss on what to train them  
9 on, what to re-train them on, things change. So  
10 it's a daily thing, it doesn't stop.

11 Q Is he personally sitting face to face when  
12 that occurs?

13 A Sometimes, yes.

14 MR. RUCKER: If you just give me a  
15 minute to run through and make sure I hit  
16 everything.

17 (A brief recess was taken.)

18 Q Do the inmates refer to the medical  
19 assistants as nurses?

20 A They can.

21 Q Do you refer to them as nurses?

22 A Sometimes.

23 Q Do the corrections officers refer to  
24 them as nurses?

25 A You will have to ask them. I have no  
idea.

ESTATE OF GREGORY WRIGHT  
BARBARA WRIGHT, ADMINISTRATOR,  
1756 SHARIDAN AVENUE, N.E.  
WARREN, OHIO 44483

BARBARA WRIGHT,

VS .

SHERIFF, TRUMBULL COUNTY  
IN HIS OFFICIAL CAPACITY  
150 HIGH STREET  
WARREN, OHIO

Defendants.

Case No.  
4:17-CV-002383

HUNT REPORTING COMPANY  
Court Reporting and Litigation Support  
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1 please?

2 A It's Bethany Lobdell -- L-O-B-D-E-L-L.

3 Q Okay. And, Ms. Lobdell, could you give me  
4 your address, please?

5 A 414 Joyce Drive, it's Glen Burnie, Maryland,  
6 21061.

7 Q Okay. And how long have you lived in Glen  
8 Burnie, Maryland?

9 A Since December of 2017.

10 Q And prior to that where did you live?

11 A In Warren, Ohio.

12 Q And what was that address?

13 A 1340 Hazelwood Avenue, Southeast, Warren,  
14 Ohio, 44481.

15 Q Okay. Is it 81 or 84?

16 A I believe it's 81.

17 Q Okay, then. Are you currently employed?

18 A Yes, sir.

19 Q And where are you currently employed?

20 A I work for Johns Hopkins Medical Institute in  
21 their Oncology Department.

1 Q And how long have you worked there?

2 A Since March of 2018.

3 Q And what position do you hold there?

4 A Medical assistant.

5 Q Okay. Prior to your employment at Johns  
6 Hopkins, where were you employed?

7 A I was not employed between the jail and Johns  
8 Hopkins.

9 Q Okay. And when did you leave the jail?

10 A November of 2017.

11 Q And when we refer to "jail," we're referring  
12 to your employment at Trumbull County jail; is that  
13 correct?

14 A Yes, sir.

15 Q Okay. And when were you hired at Trumbull  
16 County jail?

17 A I was hired April of 2015.

18 Q And you were hired as?

19 A A medical assistant.

20 Q Okay. And prior to your employment at  
21 Trumbull County jail where were you employed?

1           A       I was employed at a convenience store in  
2 Leavittsburg, Ohio.

3           Q       Okay. What training did -- when did you  
4 become a medical assistant?

5           A       I was in school for medical assisting  
6 starting in 2014.

7           Q       And when did you complete that study?

8           A       It ended -- I graduated January of 2015.

9           Q       So how long was the actual course of study?

10          A       It was a two-year program.

11          Q       And what certificate did you -- or what type  
12 of license did you receive after graduation?

13          A       I have an associates degree in medical --  
14 it's in applied science and medical assisting, and I  
15 also did the state testing to become a registered  
16 medical assistant.

17          Q       Okay. When you say "state testing," is that  
18 Ohio?

19          A       Yes.

20          Q       Okay. Can you explain to me what is a  
21 medical assistant?



1           A     As in regards to like the job and what they  
2 do, or --

3           Q     The job and what they do. That will be a  
4 good place to start.

5           A     For a medical assistant, they give -- they  
6 can do vital signs, give injections, write orders from  
7 their doctors, make appointments, bandage change, minor  
8 emergency care.

9           Q     Okay. And can you -- I'm sorry, were you  
10 done?

11          A     Yes.

12          Q     What is it that a medical assistant cannot  
13 do?

14          A     We cannot prescribe medications. We cannot  
15 give IVs.

16          Q     Can you exercise medical judgment?

17                MS. HOHENBERGER: Objection.

18                BY MR. RUCKER:

19          Q     Okay. Can you diagnose --

20          A     No.

21          Q     -- disease or conditions?

1 A No.

2 Q What does it mean to diagnose?

3 A To say what you know for a fact what somebody  
4 has, or can say this is what they have, this is the  
5 treatment that we give.

6 Q So you are not allowed to determine treatment  
7 for someone; is that correct?

8 A We do not prescribe medications. Like just  
9 because somebody says "I have this condition" doesn't  
10 mean, oh, okay, well, we can automatically give you  
11 this. We have to go through the doctor.

12 Q Okay. You left Trumbull County jail in  
13 November of 2017?

14 A Yes, sir.

15 Q Under what conditions did you leave?

16 A My fiancat the time was transferred from his  
17 job to a Maryland location back in June of that year,  
18 and December was just the time for us to move forward.  
19 It was just when we got everything together to move.

20 Q Okay. Did you resign or were you terminated?

21 A I resigned.

1           Q     Okay. During your period of working at  
2 Trumbull County jail which would have covered -- well,  
3 when were you hired in Trumbull County jail?

4           A     I was hired April of 2015, but I also did the  
5 externships through my schooling with Trumbull County  
6 jail in 2014.

7           Q     Okay. Prior to your employment at Trumbull  
8 County jail, had you ever worked as a medical assistant  
9 before?

10          A     No.

11          Q     So you had no previous experience as a  
12 medical assistant?

13          A     Other than my externships, no.

14          Q     And that externship was at Trumbull County  
15 jail; is that correct?

16          A     Yes.

17          Q     Okay. So when you were hired at Trumbull  
18 County jail, what was the process of your --

19               MS. HOHENBERGER: You cut out, Gil.

20               MR. RUCKER: Orientation, I guess, is a  
21 better word.

1 correct?

2 A Yes, sir.

3 Q So if you were to view a shift report and it  
4 indicated that you were working from 2:00 to 10:00 I  
5 would have no reason to doubt that, would I?

6 A No.

7 Q Okay. How long was your extern --

8 MS. HOHENBERGER: Can I just note my  
9 objection, and again, you're talking about that  
10 particular day, that particular shift report?

11 MR. RUCKER: Yes.

12 MS. HOHENBERGER: Okay.

13 MR. RUCKER: That is correct.

14 BY MR. RUCKER:

15 Q How long was your externship?

16 A It was 150 hours.

17 Q Okay. And how did you complete those hours?

18 A By working at the jail in eight-hour  
19 segments.

20 Q And what is it that you did during your  
21 externship?

1           A       Followed around whoever was on shift at that  
2 time, took vitals, gave -- you know, dealt with the  
3 diabetics on shift with their finger sticks, any  
4 insulin injections that they needed, watched medication  
5 passes, and emergency --

6           Q       And (indiscernible) you on during your  
7 externship?

8           A       I'm sorry? Can you repeat that?

9           Q       Okay.

10           MS. HOHENBERGER: And I don't know that  
11 she ---

12           BY MR. RUCKER:

13           Q       Yeah. What shift were you --

14           MS. HOHENBERGER: I don't know that she was  
15 finished with her answer, Gil, but go ahead.

16           MR. RUCKER: Yeah. Well, she can finish  
17 because what it did, it stalled on my end.

18           MS. HOHENBERGER: Okay.

19           MR. RUCKER: So, I'm sorry to interrupt you.  
20 At any time you feel that I'm interrupting you before  
21 your answer is complete, please say so, because what's

1 happening is it is a poor connection and I'm not  
2 getting anything, and so I think that you've stopped.  
3 So, yeah, so please feel free to interrupt me and say,  
4 hey, I'm not finished. Okay?

5 THE WITNESS: Yes.

6 BY MR. RUCKER:

7 Q Okay. So I'm going to allow you to finish.

8 A What was the last thing that you heard?

9 Q The court reporter can probably tell you  
10 that.

11 MR. RUCKER: You said something about --

12 THE REPORTER: Just a second. Here we go.

13 MR. RUCKER: Oh, go ahead.

14 (Whereupon, the reporter played back the  
15 previous answer.)

16 THE REPORTER: Did you hear that part?

17 MR. RUCKER: I heard that part.

18 BY MR. RUCKER:

19 Q Do you have anything you would like to add to  
20 that, Ms. Lobdell?

21 A We also supervised -- you know, not

1 supervised but followed around during med passes and  
2 any of the medical emergencies that happened on shift.

3 Q Okay. Did you participate in any medical  
4 emergencies during (indiscernible) --

5 THE REPORTER: Can we go off the record a  
6 second?

7 MR. RUCKER: Yes.

8 (Whereupon, a brief recess was taken.)

9 THE REPORTER: All right. We're back on.

10 BY MR. RUCKER:

11 Q Okay. I believe my last question to you, Ms.  
12 Lobdell, was during your externship did you encounter  
13 any medical emergency?

14 A Yes, but I do not remember the specifics of  
15 the ones that I attended.

16 Q Okay. Do you realize what it was associated  
17 with? What kind of medical condition?

18 A I do not.

19 Q Okay. And as a result of that -- strike  
20 that. As part of your externship did you have to --  
21 you evaluated?

1           A     As in -- I don't understand exactly what you  
2 mean.

3           Q     Your performance. Was your performance  
4 evaluated during your externship?

5           A     Yes. They were given -- there were reports  
6 given back to the school.

7           Q     Okay. During your externship were your  
8 experiences ever memorialized? For example, in your  
9 medical emergencies would that have been annotated in  
10 your training file or your evaluation?

11          A     I do not know what they put in there or what  
12 they sent back to the school.

13          Q     Okay. So during your externship when you  
14 encountered a medical emergency, would your supervisor  
15 or a trainer go over with you the procedures that were  
16 utilized in that emergency?

17          A     There was some discussions after the  
18 emergency happened about what was going on, but I do  
19 not recall the specifics. I just remember having  
20 discussions.

21          Q     Okay. Were those discussions written down?



1           A       I do not know.

2           Q       What type of formal training did you receive  
3 during your externship?

4           A       It was all on the hands training, learning,  
5 making sure that you were doing your vital signs  
6 properly, making sure that you can do bandage changes  
7 properly, making sure that you knew how to give  
8 injections to the inmates.

9           Q       At any time during your externship were you  
10 giving area specific training in opiate withdrawal?

11          A       There was the forms present at that time,  
12 i.e. the COW forms to use if need be for severe opiate  
13 withdrawal.

14          Q       Okay. But did you ever have any formal  
15 training in regards to opiate withdrawal?

16                   MS. HOHENBERGER: Objection.

17                   BY MR. RUCKER:

18          Q       Let me define what I mean by formal training.  
19 Were you ever in a classroom situation or sitting down  
20 with a supervisor or Dr. Malvasi and taken step-by-step  
21 as the procedures you should follow if you witnessed or

1 felt that an inmate was going through a drug-related  
2 withdrawal?

3 A We did have a policy in place for withdrawal.  
4 It was in our instruction manual that we had available  
5 to us every day, and there were also instructions  
6 hanging on the wall in the office that we could refer  
7 to at any given moment.

8 Q Okay. Did Dr. Malvasi ever sit with you and  
9 go through that manual?

10 A He made sure that we had access to that  
11 manual at any given moment. He did make sure to tell  
12 us that we needed to refer to the manual, and we were  
13 able to call him at any given moment if we had any  
14 questions.

15 Q Okay. Did Dr. Malvasi ever personally sit  
16 with you and go through that manual? It's a yes or no  
17 answer.

18 A No.

19 Q Did you ever sit with any supervisor -- a  
20 medical supervisor and actually go through the manual  
21 and discuss the process and procedures of drug

1 withdrawal?

2 A At the time I was hired, no.

3 Q Okay. During your tenure there was an  
4 employee, at any time did you physically sit down with  
5 Dr. Malvasi and go through the process and procedure of  
6 what to do if an inmate exhibited what you believed to  
7 be signs of withdrawal from drugs?

8 A We had meetings when the opioid epidemic  
9 became more relevant for things to look for, too, and I  
10 do know there were some meetings that he sat in on as  
11 well as supervisor Carla at the time.

12 Q Okay. Did Dr. Malvasi ever personally sit  
13 with you and train you as to what you were to do if an  
14 inmate exhibited signs of drug withdrawal?

15 MS. HOHENBERGER: Objection. Asked and  
16 answered.

17 BY MR. RUCKER:

18 Q Yes or no?

19 A No.

20 Q Did Carla Ahart ever sit with you personally  
21 and go through the process and procedure that you were

1 to follow if an inmate was exhibiting the signs or  
2 symptoms of drug withdrawal?

3 A Again, she did hold a meeting to address that  
4 with everybody on things that, you know, to look out  
5 for and the procedures if we noticed or had any signs  
6 or symptoms of a severe withdrawal.

7 Q And -- I'm sorry. Were you finished?

8 A Yes, sir.

9 Q Okay. Was that training annotated in some  
10 formal manner?

11 MS. HOHENBERGER: Objection.

12 BY MR. RUCKER:

13 Q Okay. Let me rephrase it. Was there any  
14 record of that training?

15 A I do know --

16 Q Strike that. Strike that. Was there any  
17 record of that meeting?

18 A Carla did keep records of the meetings,  
19 things that she went over, things that we discussed,  
20 any concerns we could have written and given them back  
21 to her. There was somebody keeping minutes during

1 those meetings.

2 Q So you're indicating that there was someone  
3 keeping records?

4 A Yes. We would have signed in for our  
5 meeting. She would have had a list of what we were  
6 going to talk about, and there was somebody who would  
7 have written down anything else that we had added to  
8 what we were discussing.

9 Q Can you indicate to me where those records  
10 would have been kept?

11 A Carla would have had all of those. Probably  
12 in the office that she was occupying.

13 Q In your training -- well, in your educational  
14 process at Ross (phonetic); is that correct?

15 A No, sir.

16 Q Where were you -- where was your school?

17 A I attended Trumbull Business College in  
18 Warren, Ohio.

19 Q Okay. In your educational process at  
20 Trumbull Business School did you receive any training  
21 in regards to correctional medicine and procedures?

1           A       Other than the externship, no.

2           Q       Did you receive at Trumbull Business College  
3 in your course curriculum any training in drug or  
4 alcohol withdrawal?

5           A       Not that I can remember. I know there was a  
6 section over it but it wasn't a specific in depth class  
7 training.

8           Q       During your employment at Trumbull County  
9 jail, were you ever assessed by Dr. Malvasi or any  
10 supervisor in the medical department as to your level  
11 of knowledge as to what to do in the case of an inmate  
12 suffering from withdrawal?

13                   MS. HOHENBERGER: Objection.

14                   THE WITNESS: I do not know. There wasn't  
15 any one-on-one, but Carla made sure that we all knew  
16 what we were doing.

17                   BY MR. RUCKER:

18           Q       And how would Carla check to see if you knew  
19 what you were doing?

20           A       She had her own checklist and things that she  
21 knew that we were supposed to do, and she would go over

1 -- you know, she kept making sure that, you know, if  
2 she noticed something and someone said "oh, I said  
3 something to somebody else," she would check into that  
4 and make sure that we were following the procedures,  
5 look over the COWs that we done, make sure that we'd  
6 gotten a hold of Doc (phonetic) when needed to.

7 Q Okay. If you had to place a percentage on  
8 how much of your schooling dealt with administrative  
9 work, which would include things like taking calls,  
10 computers, billing, and scheduling, things along that  
11 matter, what percentage would you place that?

12 A I do not know. I cannot give an accurate  
13 answer.

14 Q Did you have a class or course work in making  
15 assessments of patients' medical conditions while you  
16 were at Trumbull Business School?

17 MS. HOHENBERGER: Objection.

18 THE WITNESS: Yes. There were intake  
19 procedures. They did teach us to ask follow-up  
20 questions to get more information to notate.

21 BY MR. RUCKER:

1           Q     And when you indicate "to notate," does that  
2 mean to include into medical records of the patient?

3           A     Yes.

4           Q     As a medical assistant, do you have any  
5 continuing education requirements?

6           A     Yes.

7           Q     And what are those continuing education  
8 requirements?

9           A     Every year we have to have at least so many  
10 continuing education credits that we decide what we do,  
11 whether it's articles and answering questions, like  
12 taking additional classes, recertifying our CPRs.  
13 Anything of those natures.

14          Q     Okay. You get to pick the classes?

15          A     Yes.

16          Q     Okay. And that continuing education  
17 requirement, is it a class requirement?

18          A     No. You do not physically have to be in a  
19 classroom. You can read different articles and answer  
20 different questions, or you can choose classroom  
21 training, or lectures, or seminars.



1 Q Okay. When you say "answer questions," who  
2 would you answer the questions to?

3 A They would give you an article for you to  
4 read and you're answering follow-up questions and  
5 understanding questions of the article in which you  
6 just read.

7 Q Okay. And who would give you the article?

8 A You can get the articles from any of the AMT  
9 technology catalogues that they send out, anything  
10 online that they supply, meaning the American Medical  
11 Technology Association.

12 Q Okay. And during your two plus years at  
13 Trumbull jail, did you meet those requirements?

14 A Yes. It's 30 continuing education credits  
15 for the three years, I believe.

16 Q And how did you meet those requirements?

17 A I had on-the-job training, which they give  
18 credit for, my CPR classes, and I also did online  
19 articles.

20 Q Okay. Did Dr. Malvasi or any supervisor of  
21 the Medical Department ensure that you completed those

1 continuing education requirements?

2 A It is our responsibility to continue our  
3 credits and to stay certified.

4 Q Okay. Does that mean that Dr. Malvasi or any  
5 medical supervisor did not ensure that you did those?

6 A They would check to make sure that our  
7 licenses were still valid, and then it was our  
8 responsibility to make sure that they stay valid.

9 Q Okay. Would you have obtained any  
10 certificates indicating that you have met those  
11 requirements?

12 A I can access the records that I need to  
13 through the American Medical Technology.

14 Q Okay. Did you take -- in your compliance  
15 with the continuing education requirement, did you take  
16 any classes in correctional medicine?

17 A No.

18 Q Were you at any time encouraged by Dr.  
19 Malvasi or any medical supervisor to take classes in  
20 correctional medicine?

21 A No.

1           Q     Can you tell me what are the signs and  
2 symptoms for withdrawal from heroin?

3           A     There's nausea, vomiting, diarrhea, stomach  
4 cramps, tremors, profuse sweating, pale. An inmate or  
5 a person could be pale. Pain.

6           Q     Okay.

7           A     Delusions -- I'm sorry. I'm not finished.  
8 Delusions, hallucinations, possibly in hallucinations  
9 hearing voices, muscle cramps.

10          Q     Is that it?

11          A     Yes, sir.

12          Q     Okay. At any time did Dr. Malvasi give you  
13 training as what you were to do if you witnessed those  
14 signs?

15          A     We did have a policy in place and which was  
16 always available to us and was hanging in front of us  
17 for us to reference, and again, we could also go to him  
18 with any questions and if there was anything out of the  
19 ordinary we would call him and explain the situation.

20          Q     Okay. Did Dr. Malvasi personally at any time  
21 give you instructions as to what you were to do if you

1 witnessed those signs?

2           A       We were supposed to go over our COWs with the  
3 inmate and notify him of the scores after, you know, a  
4 certain level on the score sheet, or if there was  
5 anything out of the ordinary.

6           Q       Did Dr. Malvasi personally give you that  
7 training?

8                   MS. HOHENBERGER:  Objection.  Asked and  
9 answered.

10                  BY MR. RUCKER:

11           Q       Or is your answer in response to policies and  
12 procedures that were written?

13                   MS. HOHENBERGER:  Objection.

14                  THE WITNESS:  They were all -- we were given  
15 the policies and procedures.

16                  BY MR. RUCKER:

17           Q       Okay.  Did you ever have a face-to-face  
18 training with Dr. Malvasi instructing you as to what  
19 you were to do if you witnessed an inmate exhibiting  
20 the signs of withdrawal?

21           A       I do not remember.

1           Q     Were you ever given face-to-face training by  
2 any medical supervisor in regards to what you were to  
3 do if you witnessed an inmate exhibiting signs of  
4 withdrawal?

5           A     We did have meetings that went over the  
6 policies and procedures.

7           Q     And who was the supervisor in those meetings?

8           A     Carla Ahart.

9           Q     And were those meetings that they documented?

10          A     Yes.

11          Q     And document by who?

12          A     Carla had what she wanted us to go over as  
13 well as examples. Other than that I don't know who at  
14 that time would have taken the minutes.

15          Q     But minutes were taken?

16          A     I do not remember, but it was common  
17 practice.

18          Q     Did you have to sign in for the training?

19          A     Yes.

20          Q     Would the training have been on your shift?

21          A     Not necessarily.

1           Q     If it was not on your shift, would you have  
2 had to come back --

3           A     Yes.

4           Q     -- to the jail?

5           A     Yes.

6           Q     Was all the training held in the jail?

7           A     Yes.

8           Q     How do you define a medical emergency?

9           MS. HOHENBERGER:  Objection.

10          THE WITNESS:  In the jail, a medical  
11 emergency could be called for any reason.  The officers  
12 would call down and say, "Hey, we need a medical up  
13 here with their medical and emergency bag," and then we  
14 would have to assess the situation when we arrived.

15          BY MR. RUCKER:

16          Q     Okay.  My question was how would you -- what  
17 would you consider to be a medical emergency?

18          MS. HOHENBERGER:  Objection.

19          THE WITNESS:  As in like what you saw, or --  
20 I'm not completely understanding what you mean.

21          MR. RUCKER:  Okay.  Well, I'll rephrase it.

1 BY MR. RUCKER:

2 Q As a medical assistant, if you were called to  
3 a full (phonetic) with an inmate in some type of  
4 medical distress, what would you look for to determine  
5 whether or not that that condition represented a  
6 medical emergency?

7 A Well, the first thing is automatically -- I  
8 mean, first you're going to look for any signs of  
9 trauma to see if it was an open wound, if it is any  
10 physical signs of, you know, shaking as in a seizure or  
11 tremors, or if there's any secretions as in is there  
12 any vomit on the floor, if so, what's it look like.  
13 Then you're going to take vital signs for more in-depth  
14 information.

15 Q Okay. And what would the vital signs have to  
16 be or represent in order for you to believe that it was  
17 a medical emergency?

18 A It's different for every person.

19 Q Okay. If an inmate was going through  
20 withdrawal -- drug withdrawal, how would you -- what  
21 would the vital signs be that would put you on an

1 alert?

2           A     It could be an increased blood pressure, but  
3 also you would have to know what the inmate's baseline  
4 is. Like just because it's elevated isn't necessarily  
5 that he's always elevated. How elevated it is, because  
6 a couple points of elevation doesn't necessarily mean  
7 that it's a withdrawal. You would look for heart rate.  
8 It could be fast. But again, with the heart rate you'd  
9 have to also -- is his baseline kind of high, was he  
10 just working out, was he throwing up, is he nervous, is  
11 he anxious about anything.

12           Q     Okay. So where would you obtain these  
13 baseline readings?

14           A     You'd have to go back and look either at his  
15 chart or you'd take it one time and you would have to  
16 check it again later on in the situation, or you might  
17 have to do a couple days' worth of vital sign checks to  
18 see if it's a constant or if it was a one-time thing.

19           Q     Okay. Is blood pressure taken when an inmate  
20 comes to Trumbull County jail?

21           A     Can you be more specific?



1           Q     There's a booking medical intake; is that  
2 correct?

3           A     Yes.

4           Q     Is taking of blood pressure, is that one of  
5 the procedures that take place?

6           A     We do not take the blood pressure on  
7 everybody who comes in.

8           Q     So when you say "baseline," there is no --  
9 and you said -- indicated that you would look back at  
10 the chart. Would the chart have a baseline?

11          A     The chart could indicate if anyone has blood  
12 pressure issues or heart issues or anything that could  
13 say this could be a little bit out of normal range.

14          Q     Let's look at what will be marked as Exhibit  
15 25, which on my list would be Exhibit 4.

16               MS. HOHENBERGER: The medical questionnaire,  
17 Gil?

18               MR. RUCKER: Yes.

19               (Whereupon, Lobdell Deposition Exhibit No. 25  
20 was marked for identification.)

21               BY MR. RUCKER:

1           Q     Have you had a chance to look at what's been  
2 marked as Exhibit 25? Plaintiff's Exhibit 25?

3           A     Yes.

4           Q     Okay. Have you ever seen this document  
5 previously?

6           A     This document is in the computer system that  
7 the officers take when the inmate arrives.

8           Q     Okay. When was the first time that you  
9 encountered Mr. Gregory Wright?

10          A     It would have been the afternoon of May 4th.

11          Q     And what were the circumstances under which  
12 you met -- you saw him?

13          A     I was notified about a bandage change that  
14 the individual needed.

15          Q     Okay. And what action did you take upon that  
16 notification?

17          A     I had him brought down so that I could do his  
18 bandage change.

19          Q     Okay. And what action did you take?

20          A     I undressed the -- endeavored at the old  
21 bandage, attempted to clean the area, and to redress

1 the wound.

2 Q Okay. And did Mr. Wright make a comment to  
3 you about his medical condition?

4 A He had said that he was throwing up a little  
5 bit and he was a little sick to the stomach.

6 Q And he said he was a little sick to the  
7 stomach?

8 A Yes.

9 Q And he had indicated that he had been -- he  
10 had thrown up a little bit?

11 A Yes.

12 Q Did you annotate that anywhere?

13 A No.

14 Q And why did you not annotate that anywhere?

15 A Because it is not uncommon for an individual  
16 to say that they're sick for many different reasons.

17 Q Could the fact that they were sick be one of  
18 the reasons that they indicated that they were sick?

19 MS. HOHENBERGER: Objection.

20 THE WITNESS: Can you clarify?

21 BY MR. RUCKER:

1           Q     Could he have indicated that he was sick, or  
2 the reason that he actually was sick?

3           A     I do not understand.

4           Q     Is it possible that Mr. Wright was sick?

5           A     It's possible that he was sick but it could  
6 have been just a stomach sick or it could have been  
7 something more extreme.

8           Q     Did you take vital signs at that time?

9           A     I did not.

10          Q     Why not?

11          A     Because you don't take vital signs for  
12 everybody who's just sick to the stomach.

13          Q     And you did this on the 4th; is that correct?

14          A     Yes. The afternoon of the 4th.

15          Q     And Mr. Wright died on the 5th; is that  
16 correct?

17                   MS. HOHENBERGER: Objection.

18                   BY MR. RUCKER:

19          Q     Is that correct?

20                   MS. HOHENBERGER: Objection.

21                   MR. RUCKER: Okay.

1 THE WITNESS: I was made aware that he passed  
2 away on the 5th.

3 BY MR. RUCKER:

4 Q In light of the fact that he passed away, do  
5 you now think that you should have taken vital signs?

6 MS. HOHENBERGER: Objection.

7 THE WITNESS: No.

8 BY MR. RUCKER:

9 Q Okay. Is it still your belief that he was  
10 faking illness when he indicated to you that he wasn't  
11 feeling well, that he had vomited and had nausea?

12 MS. HOHENBERGER: Objection. That wasn't her  
13 testimony.

14 THE WITNESS: I never said that he was faking  
15 it. I never make any indication that he was faking  
16 anything or any diseases.

17 BY MR. RUCKER:

18 Q You indicated that inmates say they were sick  
19 just to say they were sick?

20 MS. HOHENBERGER: Objection. I don't think  
21 that's what she testified to.

1           THE WITNESS: I did not say they say that  
2 they're sick just to say that they're sick, but there  
3 are many reasons why someone will say that they are  
4 sick. It doesn't necessarily just to say that they're  
5 sick.

6           BY MR. RUCKER:

7           Q     Okay. But you failed to make any further  
8 medical inquiry as to what his medical condition was;  
9 is that correct?

10          MS. HOHENBERGER: Objection.

11          THE WITNESS: In my statement I did ask if he  
12 was coming off of anything and he -- it sounded like he  
13 had said heroin, but he wouldn't give any other  
14 indication of how much or how often or, you know, when  
15 the last time he was using, or anything of that nature.

16          BY MR. RUCKER:

17          Q     And did you inquire further --

18          A     I tried but he wasn't giving me any type of  
19 information.

20          Q     You did not take any vitals; is that correct?

21          A     Right.

1           Q     You did not call Dr. Malvasi; is that  
2 correct?

3           A     Right.

4           Q     You did not contact Carla Ahart; is that  
5 correct?

6           A     No, not at that time.

7           Q     Carla Ahart, at the time that you were  
8 putting on the bandage, was in the building; is that  
9 correct?

10          A     Yes, she was.

11          Q     And she would have been easy for you to  
12 reach; is that correct?

13          A     Yes.

14          Q     And you did not attempt to reach her; is that  
15 correct?

16          A     I did not go back and talk to her, only to  
17 ask if she knew about the bandage change that he was  
18 supposed to have.

19          Q     All right. Thank you. If we can go back to  
20 Exhibit 25, did you -- when he spoke to you about his  
21 issues being vomiting, did you go check his chart?

1 BY MR. RUCKER:

2 Q Have you had a chance to look at that shift  
3 report?

4 A Yes.

5 Q And it indicates Nurse Bethany; is that you?

6 A Yes, sir.

7 Q And were you on the shift from 2:00 p.m. to  
8 10:00 p.m.?

9 A Yes.

10 Q Okay. What is the purpose of a shift report?

11 A To write down anything that was out of the  
12 ordinary, to jot down things that you have done for  
13 your shift. Anything that you could use as a reference  
14 guide to know what may or may not happen the shift  
15 before to see if an officer asks or if any of the  
16 commanding lieutenants ask if something happened prior  
17 to your shift.

18 Q Okay. And as you review this shift report  
19 marked as Exhibit 26, is there any mention on this  
20 shift report -- well, strike that. Is this the period  
21 of time in which you would have seen Mr. Wright?



1           A       Yes.

2           Q       Okay.  And it was during that May 4th shift  
3 that you saw Mr. Wright; is that correct?

4           A       Correct.

5           Q       It indicates in -- starting at line 11 that  
6 you did a -- it says "sick call."  Should that be sick  
7 call?

8           A       Yes.

9           Q       And Mr. Wright was brought down to medical.  
10 You testified to that earlier; is that correct?

11          A       Correct.

12          Q       Okay.  In the next paragraph it asks you --  
13 Lieutenant Shay asked you how you would be notified if  
14 a inmate had medical issues, and in 24 you indicate  
15 that you would be notified about the medication and any  
16 type of medical problem this inmate may have.  Were you  
17 notified of the medical conditions that Mr. Wright had?

18          A       I was notified that he needed a bandage  
19 change, from one of the officers who called me on the  
20 afternoon shift, stating that Mr. Wright needed a  
21 bandage change.

1 Q And that was the only medical condition that  
2 you were notified of?

3 A At that time, yes.

4 Q Okay. You say "at that time."

5 A Uh-huh.

6 Q At any other time were you notified of any  
7 medical condition he may have had?

8 A No, I was not.

9 Q Okay. So when you say "at that time," you  
10 were never -- is your testimony that you were never  
11 notified of his preexisting medical condition?

12 A I was not. The first time that I saw and  
13 talked to him was on May 4th.

14 Q Okay. So were you aware that he was on  
15 Xarelto?

16 A He did have that medication written on his  
17 MAR form.

18 Q Okay. On May 4th when you saw him in sick  
19 call, were you aware that he was on Xarelto?

20 A At that time when I saw him I did not. I had  
21 to go back and check his chart and I would have seen

1 that when I did the transfer sheets for when he was  
2 going to prison the next morning.

3 Q Okay. And when did you do that transfer  
4 sheet?

5 A I did that sometime on my shift. I do not  
6 know the exact time. I mean, we do have copies of  
7 transfer sheets that we send to the prison.

8 Q Okay. Would you have done that transfer  
9 sheet after you saw Mr. Wright?

10 A It's possible. It could have been done  
11 before or after. I do not know the exact time in which  
12 it was done.

13 Q Would the time be noted on the transfer  
14 sheet?

15 A It would not. It would be noted on when it  
16 was faxed to the prison.

17 Q Okay. You indicated that at the time that  
18 you saw Mr. Wright that you were not aware that he was  
19 on Xarelto; is that correct?

20 A Not at that time when he came down to get his  
21 bandage changed.

1 would that have been included with his chart?

2 A No. It does not go into his chart. We do  
3 file it in a separate area for the office, but it does  
4 not go into his chart.

5 Q Okay. When you treat an inmate for a sick  
6 call, do you look at his chart?

7 A Not necessarily right off the bat. You want  
8 to treat why they're coming down first. I had gone to  
9 Carla and asked her if she was aware that he needed a  
10 bandage change. She said that she was, that she had  
11 written the order for it. So I went ahead and I did  
12 the bandage change.

13 Q And you never checked his chart?

14 A No.

15 MS. HOHENBERGER: And, Gil, just for the  
16 record, you have that transfer form.

17 MR. RUCKER: Okay.

18 BY MR. RUCKER:

19 Q Okay. If you go to page 4, line 20.

20 MS. HOHENBERGER: We're missing page 4.

21 THE WITNESS: I have 3 and then 5. Oh,

1 conjunction with the inquiry into the death of Mr.  
2 Wright?

3 A Yes.

4 Q Okay. And you indicate at line 16 "Other  
5 than that there was nothing else that he said to think  
6 it was anything more than just" -- and in line 20 you  
7 complete the sentence, "stomach problems."

8 A Yes.

9 Q What is it that made you believe that it was  
10 stomach problems?

11 A There were no other signs and symptoms of any  
12 type of withdrawal. He wasn't shaking. He wasn't  
13 complaining of any diarrhea. He wasn't -- he was able  
14 to get out of the chair and onto the table by himself  
15 without any assistance. He was aware and oriented of  
16 his, you know, what was going on and where he was at.  
17 There wasn't any other complaints of cramps or being in  
18 a lot of pain. He just had some pain at the site where  
19 his wound was, and that was the only things that he was  
20 saying, was just that his stomach was upset and there  
21 was no other visual signs or symptoms to say that it

1 was anything more than just having some stomach issues.

2 Q Okay. Did you relay that information to Dr.  
3 Malvasi?

4 A I did not.

5 Q So that was based upon your independent  
6 experience and judgment?

7 A Yes. There are plenty of times where people  
8 will say "my stomach is upset," and it could be acid  
9 problems from the food that they're eating, or it could  
10 be, you know, they're anxious or nervous about  
11 something. There are so many things that can cause an  
12 upset stomach that you don't first go to any type of  
13 severe withdrawal.

14 Q Okay. So you made your assessment of Mr.  
15 Wright based upon your aggregate experience with  
16 inmates during your time at Trumbull County jail?

17 MS. HOHENBERGER: Objection.

18 THE WITNESS: I looked for any other visual  
19 cues that would suggest that it was something more than  
20 just being an upset stomach.

21 Q Okay. And you believe that you making that

1 judgment call was within your scope as a medical  
2 assistant?

3 A Yes.

4 MS. HOHENBERGER: Objection.

5 BY MR. RUCKER:

6 Q You indicate at line 25 of page 6, "Well, I  
7 did ask if he was coming off anything;" is that  
8 correct?

9 A Yes.

10 Q And then in line 3 you indicate "because  
11 that's a common side effect of withdrawing."

12 A It is a common side effect of withdrawing,  
13 but it can also be a common side effect of, you know,  
14 multiple other things, not just necessarily 100 percent  
15 withdrawal.

16 Q Okay. And then we go to line 6, "He admitted  
17 that he was coming off opiate."

18 A Yes. But at that time there were no other  
19 signs and symptoms of a severe opiate withdrawal.

20 Q So, his admission was not enough for you to  
21 call Dr. Malvasi?

1           A     At that time, no, because you do not know and  
2 there wasn't any forthcoming answer of how much it was,  
3 when was the last time he used, how often he used, and  
4 opiates could be heroin or it could be medication that  
5 they give, or anything of that -- of the nature of  
6 being an opiate.

7           Q     Okay. Did part of your training include that  
8 you have the ability to make an assessment as to  
9 whether or not to call Dr. Malvasi if an inmate is  
10 complaining of withdrawal?

11          A     We do have a COW form that gives a scale of -  
12 - for like severe withdrawal forms we would fill that  
13 out, and it would say, okay, at this point this is when  
14 you would call. We also, in our policy manual, had if  
15 these are the other things that we noticed, that we  
16 would call, even if he was only at a 1 or a 2 but he  
17 maybe had a history a seizures, then you would call.

18          Q     Okay. Did you complete the COW form?

19          A     I did not write on a COW form, but with my  
20 training I did go over the signs and symptoms. It asks  
21 if we see any tremors, which he did not at the time. It



1 asks if there's any hallucinations, you know, the  
2 nausea and vomiting. If so, on what scale? How often?  
3 Is he standing in front of you dry heaving, which he  
4 was not. It asks about anxiety levels, which he was --  
5 he did not say that he had any anxiety whatsoever.

6 Q Okay. So you're indicating you did the COW  
7 form in your head?

8 A Yes. I went over that list of the things  
9 that I knew to look out for and went based on what it  
10 said.

11 Q Okay. Well, I'm going to forward to you what  
12 I had marked as Exhibit 17, Malvasi 156. The COW form.

13 MS. HOHENBERGER: Well, Gil, we already have  
14 it marked as an exhibit -- Plaintiff's exhibit.

15 MR. RUCKER: Oh, okay.

16 MS. HOHENBERGER: From a prior deposition. So  
17 again, going along with why we kept these sequentially.  
18 So it's Exhibit 7 -- Plaintiff's Exhibit  
19 7.

20 MR. RUCKER: Okay, then. All right. Thank  
21 you.

1 MS. HOHENBERGER: So if you just want to  
2 use --

3 MR. RUCKER: Thank you.

4 MS. HOHENBERGER: So we won't remark it, in  
5 other words.

6 MR. RUCKER: Thank you.

7 (Whereupon, Lobdell Deposition Exhibit No. 7  
8 was presented for identification.)

9 BY MR. RUCKER:

10 Q Do you have Plaintiff's Exhibit 7 in front of  
11 you?

12 A Yes.

13 Q Do you recognize that?

14 A Yes.

15 Q And what is that?

16 A This is the COWs form that we use for opiate  
17 withdrawal.

18 Q Okay. You indicated that you did this COWs  
19 form in your head; is that correct?

20 A Yes.

21 Q Okay. What was the blood pressure? Do you

1 recall?

2           A     I do not. I did not take a blood pressure  
3 because at that time he was not severe. There were no  
4 other indications that would say that there was more  
5 going on, other than just having a stomach issue.

6           Q     Okay. But the COWs form requires a blood  
7 pressure reading; is that correct?

8           A     It does have a spot for a blood pressure.

9           Q     Did you take his pulse?

10          A     I did not.

11          Q     And the COWs form clearly calls for a pulse  
12 reading; is that correct?

13          A     It does have a place for a pulse, but again,  
14 he was not exhibiting any other signs of having a  
15 severe withdrawal that would require more in-depth  
16 steps.

17          Q     Now, you earlier indicated that if an inmate  
18 indicated that he was withdrawing, that you do a COWs  
19 form; is that correct?

20          A     For a severe withdrawal.

21          Q     But you indicated that you also had the

1 experience to do a COWs form in your own mind; is that  
2 correct?

3 A Yes.

4 Q Without annotating it on the form which was  
5 provided to you to perform the COWs evaluation; is that  
6 correct?

7 A Right. I did not write it down, but I was  
8 going through -- over the more symptoms that needed  
9 just in case these were needed at that time.

10 Q Okay. Were you trained to do the COWs form  
11 in your mind?

12 A Yes. It's one of the things we look for  
13 signs and symptoms so that we know if we need to go  
14 further steps.

15 Q So you believe that your training allowed you  
16 to ignore the actual filling out of the form; is that  
17 correct?

18 MS. HOHENBERGER: Objection.

19 THE WITNESS: At the time that I saw him I  
20 was not ignoring the filling out of the form. I was  
21 going over to see if we needed to make sure that he had

1 this form. We were going over more signs and symptoms.  
2 In our policies it does say that we have to notice some  
3 of these signs and symptoms, not just automatically  
4 going, oh, okay, so you're withdrawing, and --

5 BY MR. RUCKER:

6 Q Okay.

7 A Oh, go ahead.

8 Q No, I'm sorry. I'm sorry.

9 A No, go ahead.

10 Q Okay. Do you believe the actions you took  
11 were authorized by your training?

12 A Yes, I do believe it was.

13 Q And are you indicating that you believe you  
14 covered every issue of this COWs form?

15 A With the exceptions of the heart rate and the  
16 blood pressure. I did notice that he was not sweating,  
17 that there was no abnormal pupil reaction. Other than  
18 the pain that he was complaining of in his ankle, he  
19 was -- there was no other complaints of pain anywhere  
20 else in the body, which you would see.

21 I do not remember about the skin at that

1 time, what it was, but he wasn't sniffing or his nose  
2 was not running. He was complaining just of the nausea  
3 and the vomiting, no diarrhea. He had no tremors. He  
4 wasn't yawning and he was not acting irritable or  
5 anxious or anything of those natures.

6 So going through this list, there was nothing  
7 that would say that this is to the point where he  
8 needed any prescription medications, a doctor  
9 notification, or anything other than an upset stomach.

10 Q Okay.

11 A It is not --

12 Q It is not -- I'm sorry. Go ahead.

13 A At that time I did offer the medication pass  
14 that we could give over-the-counter medications to help  
15 with the nausea and the vomiting, and Ibuprofen in case  
16 there was -- you know, to help with the pain in his  
17 ankle, as well as Immodium in case he did have any  
18 diarrhea that he did not say that he had.

19 Q And there's a third one that you also  
20 authorized, wasn't it?

21 A It was just the Ibuprofen, Maalox, and

1 Immodium.

2 Q Okay. Now, is that a protocol for  
3 withdrawal?

4 A For a minor withdrawal to help with just the  
5 symptoms, yes.

6 Q But you indicated you didn't think he was  
7 going through withdrawal.

8 A I didn't say he was going through severe  
9 withdrawal. There could have been a minor withdrawal  
10 which could cause the upset stomach, but minor  
11 withdrawal and severe withdrawal, you're not going to  
12 give a prescription medication for a severe withdrawal,  
13 just like you wouldn't give a Percocet for a twisted  
14 ankle. You would give them something less serious for  
15 a less serious injury or withdrawal.

16 Q So you felt there was a possibility he was  
17 going through withdrawal?

18 A He very well could have gone through  
19 withdrawal, or he could have had an upset stomach from  
20 something that he ate, or it could have been anything  
21 that was going on. You don't see an upset stomach and

1 automatically think withdrawal.

2 Q Okay. And you made the judgment to -- for  
3 him to receive those medications for what you  
4 characterized as minor withdrawal?

5 A Yes.

6 Q Did you get permission from Dr. Malvasi to do  
7 that?

8 A For over-the-counter medications you do not  
9 have to get permission for those. Just like if another  
10 inmate would turn in a thing that said "I have a  
11 headache," you can write down to have a medication for  
12 Ibuprofen or Tylenol.

13 MR. RUCKER: I would like to enter what's  
14 been marked -- what is indicated on my list as  
15 Procedures -- Exhibit 14, Malvasi 152.

16 MS. HOHENBERGER: Let me make sure it's not  
17 been previously marked.

18 MR. RUCKER: All right.

19 MS. HOHENBERGER: Gil, it was part of  
20 previously marked Exhibit 15, and then it was page 159  
21 of Plaintiff's deposition, Exhibit 15. So I've got it



1 symptoms of withdrawal, he was only showing the nausea  
2 and vomiting. There were no other of these symptoms  
3 that would say, okay, this is definitely 100 percent a  
4 severe withdrawal.

5 Q Okay. And you believe that implied in these  
6 policies and procedures it's only for severe  
7 withdrawal?

8 A It is for when -- you don't put people on  
9 prescription medication for minor withdrawal.

10 Q Did you do a COWs form for minor withdrawal?

11 A You would do a COWs form if there were more  
12 symptoms other than just being nauseated and vomiting.  
13 Because like I said, nausea and vomiting does not  
14 automatically say that they're associated with the  
15 withdrawal.

16 Q Okay. It indicates at the bottom, "All  
17 inmates should be placed on medical isolation when they  
18 start to have" -- S/S is signs and symptoms; is that  
19 correct?

20 A Yes.

21 Q "of withdrawal." Did you place Mr. Karin

1 (phonetic) on medical isolate -- not Mr. Karin -- Mr.  
2 Wright on medical isolation?

3 A I did not, because after this was placed out,  
4 Dr. Malvasi has said that certain levels of withdrawal  
5 does not require being medically isolated because if  
6 you're going through moderate withdrawal, the anxiety  
7 of being isolated on top of the isolation of -- or the  
8 anxiety of withdrawals -- excuse me -- that it can make  
9 it worse.

10 And again, he was only having nausea and  
11 vomiting. You don't lock somebody down because they're  
12 upset to their stomach. That's not beneficial to them.

13 Q You said Dr. Malvasi told you that?

14 A Dr. Malvasi has told us that if they're going  
15 through like a moderate withdrawal with some anxiety,  
16 you do not isolate them unless they are severe and, you  
17 know, they're starting to hallucinate, or he says to  
18 put them on lock-down. You don't always medically  
19 isolate somebody just because of nausea and vomiting.

20 Q Okay. Did Mr. Wright exhibit anxiety to you?

21 A No, he did not. He wasn't agitated. He

1 wasn't fidgeting with anything. He wasn't like  
2 fidgeting or being shifty, you know, darting around the  
3 room looking at different things. There was no other  
4 signs other than having nausea and vomiting.

5 Q So it's your understanding that those  
6 policies are only for severe withdrawal?

7 A Moderate to severe.

8 Q Okay.

9 MR. RUCKER: I want to, you know, look at  
10 your statement which is marked as Trumbull 139, which  
11 is -- all right.

12 MS. HOHENBERGER: I don't know if we have  
13 that, Gil.

14 MR. RUCKER: It was her statement in the  
15 interview.

16 MS. HOHENBERGER: Oh, the one that we already  
17 marked? 27?

18 MR. RUCKER: No, not the -- it's her other  
19 statement. Her actual written statement.

20 MS. HOHENBERGER: I don't have that with me.

21 MR. RUCKER: Well, let me send it to you. And

1 A Yes.

2 Q Okay. In that statement -- well, strike  
3 that. You've read the statement?

4 A Yes.

5 Q Is the statement true and accurate?

6 A Yes.

7 Q Is that your signature at the bottom of the  
8 statement?

9 A Yes, it is.

10 Q In that statement you indicate "when Wright  
11 arrived at medical, he complained of having some nausea  
12 and vomiting."

13 A Yes.

14 Q "Nothing else was said about the consistency  
15 or any color variation of the vomit."

16 A Correct.

17 Q Did you ask about the consistency or the  
18 color variation of the vomit?

19 A We were having a conversation about, again,  
20 his symptoms, anything else that he felt that he needed  
21 to let me know at that time. You know, we base it off

1 of what we see and also what the inmate says. There  
2 was no other complaints about how it looked or it was,  
3 you know, this was how it was coming up, or if he was  
4 having the dry heaves on top of it or anything of that  
5 nature.

6           Also while I was sitting there with him  
7 talking to him about these things, he was not dry  
8 heaving. He was not acting like something was coming  
9 up. He was just sitting there having a conversation  
10 with me one-on-one about just the fact that he was  
11 nauseated and he has thrown up a little bit. There  
12 wasn't anything out of the ordinary that would say,  
13 okay, your vomit would suggest some other issue that  
14 was going on.

15           Q     Did you specifically inquire with Mr. Wright  
16 regarding the consistency or color variation of the  
17 vomit?

18           A     I do not remember word for word what was said  
19 about his vomit at that time.

20           Q     Okay. But you made no annotations, no notes,  
21 or no record of that conversation; is that correct.

1           A       I did not.

2           Q       What would be the significance of the color  
3 and the consistency of his regurgitation?

4           A       It could -- there are certain things that you  
5 can look for, like if someone has vomited something  
6 that looks like coffee grounds it could, you know, say  
7 if something is more severe. If it's just yellow then  
8 it could be just vile that he's not eating enough. It  
9 could also indicate, you know, what you've eaten. If  
10 it's just what you're eating is coming up, or if it's  
11 bile, or if you're drinking enough fluids and you're  
12 just bringing up water. And then you have to factor in  
13 maybe some other risk factors that could be mixed in  
14 with it.

15                       So there was no often -- there was no  
16 conversation of how often that he was throwing up. He  
17 didn't make any statement that he was throwing up  
18 everything. He made no statement that he wasn't  
19 keeping anything down, just that he had some nausea and  
20 vomiting, but there was nothing else there in this  
21 conversation with him that would say that it was worse

1 than just some mild vomiting and nausea.

2 Q Have you received specific training that  
3 would indicate that you should make inquiry concerning  
4 the color and consistency of vomit?

5 A We are trained to look for some things. If  
6 we do see the vomiting, we do -- in our classroom  
7 training we are shown different piles of pictures of  
8 vomit and things that you could look for.

9 You know, the main thing with it is if it's  
10 coffee grounds in it, what else he's throwing up, what  
11 he's keeping down, you know, and how much he's throwing  
12 up.

13 Q Okay. And did you call Dr. Malvasi?

14 A I did not. Because again, if we called Doc  
15 for every single time a patient said "I'm throwing up,"  
16 we would never be off of the phone with him. Our whole  
17 day would be spent with Dr. Malvasi about a patient  
18 throwing up.

19 Q Okay. Did you -- strike that. Were you  
20 responsible for Med Pass (phonetic) on your shifts?

21 A I was.

1           Q     And did you do Med Pass to Mr. Wright -- the  
2 8:00 p.m. Med Pass that evening?

3           A     I did arrive at the pod that he was in and I  
4 made sure once everybody else was done with his  
5 medications, I had to specifically call Mr. Wright up  
6 to the cart because he did not show up to take the  
7 medications. But he got up, he walked up to the cart.  
8 I did ask if he wanted these medications, and which at  
9 the time he agreed for these medications, which was  
10 handed and given to him, and then he walked back to his  
11 bunk.

12                     There were no other issues going on. He  
13 wasn't having a hard time walking around. He got up on  
14 his own accord. He sat back down. He wasn't shaking.  
15 He wasn't sweating. He wasn't dry heaving at the cart  
16 or anything of that nature. You know, we had a small  
17 conversation just about how he was doing. He didn't  
18 say that there were anything else going on at the time,  
19 other than he was still feeling a little nauseated  
20 which is why I gave him the Maalox to kind of help coat  
21 his stomach and calm it at that time.



1           Q     Okay. Why would you not give Ibuprofen to  
2 someone with ulcers?

3           A     Because it can irritate the ulcer.

4           Q     Okay. Was Dr. Malvasi present when you were  
5 doing sick calls?

6           A     He was not there when Mr. Wright came down to  
7 medical or when I was doing Med Pass, because sick call  
8 could be, hey, we let you know that he was coming down  
9 because it could have been the doctor's sick call or  
10 the medical staff's sick call, and at that time it was  
11 just a medical staff sick call.

12          Q     Was Dr. Malvasi there that day at sick call?

13          A     According to his sick call list he was. But  
14 I was not there for the morning shift so, you know, I  
15 was not there to see him that morning.

16               MR. RUCKER: If you will just give me a  
17 minute.

18               BY MR. RUCKER:

19          Q     Okay. After you saw Mr. Wright and he  
20 admitted to you that he was withdrawing from heroin,  
21 you just sent him back upstairs; is that correct?

1 MS. HOHENBERGER: Objection.

2 THE WITNESS: I had the conversation with him  
3 and did offer the medications for him to have them on  
4 Med Pass, and then I did send him back up to his pod.  
5 It wasn't just a "I'm withdrawing," "Okay, bye" type of  
6 situation. We had a conversation, tried to figure out  
7 what was going on. I went over the COWs in my head to  
8 make sure this wasn't anything more severe than just a  
9 little nausea and vomiting.

10 BY MR. RUCKER:

11 Q Okay. And you saw Mr. Wright approximately  
12 4:00 p.m. on your shift of the 4th?

13 A Approximately -- it was between 4:00 and  
14 4:30. It was around that time.

15 MR. RUCKER: If you'll give me just a couple  
16 more minutes, I'll see what else I --

17 MS. HOHENBERGER: Okay.

18 THE WITNESS: Yeah. I saw him at the 4:30  
19 but I also saw him of course again at Med Pass. It  
20 wasn't just a one and done thing. I checked on him  
21 again at Med Pass, and we have officers that every hour

1 are walking through the pods checking on inmates and  
2 making sure that there's nothing more going on, and I  
3 was not notified of anything else that was going on,  
4 and they're really good about saying, hey, something's  
5 not right, we need you to check on this guy again, or,  
6 hey, I noticed that, you know, yes, he might have just  
7 been vomiting but now these are some other things that  
8 I noticed, or, he's coming up to me and complaining  
9 that, you know, things are getting worse or, you know,  
10 other inmates are hitting the button saying something's  
11 not right.

12           So it's not just me just having one  
13 interaction with him. I had those couple interactions  
14 with him, and officers are also checking on inmates  
15 every single hour.

16           MR. RUCKER: Okay. I want to show you -- are  
17 you familiar with general assessment forms?

18           MS. HOHENBERGER: You can answer.

19           THE WITNESS: Oh, yes. Yes.

20           MR. RUCKER: We would have done Malvasi 04.

21 Do you have that there?

1 Q Okay. So prior to her coming back, did you  
2 have a trainer?

3 A I was trained -- I did my externships under  
4 Mary Schuler, and then when I got hired I was training  
5 and working with a Michelle Stanec, who was an LPN at  
6 the time.

7 Q And how long was Michelle Stanec your  
8 trainer?

9 A I do not remember when she left, but it's two  
10 weeks of training. At that time she would have done  
11 some training. We also had done some training with a  
12 Kara Lightner who's another medical assistant, and  
13 Amanda Kolley, who was also a medical assistant.

14 Q So was there a lapse of time between Michelle  
15 Stanec and Carla Ahart?

16 A I do not know when Michelle left and when  
17 Carla came. I do not know when that happened.

18 Q But neither one of them worked a shift with  
19 you; is that correct?

20 A Michelle only did her shift with me while we  
21 were training. Afterwards it wasn't two people on a

1 shift unless -- I'm sorry -- unless Carla had things  
2 that she had to do and work on while she was there.

3 Q Okay. And was Dr. Malvasi ever in the  
4 building supervising you?

5 A There were times that he would be in the  
6 building that I, you know, may not have seen him. But  
7 as far as like was he on a shift with me throughout my  
8 whole shift? No. But we were able to get a hold of  
9 him for any situation that we needed to. We had three  
10 or four different ways that we could get a hold of him,  
11 as well as Carla. They both were always available  
12 24/7.

13 Q Is that by phone?

14 A Yes.

15 Q But you did not always have onsite  
16 supervision; is that correct?

17 MS. HOHENBERGER: Objection.

18 THE WITNESS: Correct.

19 BY MR. RUCKER:

20 Q Did you ever place Mr. Wright on Dr.  
21 Malvasi's sick call list?

1           A       I did not, and that was because, again, at my  
2 point in my shift he was supposed to be leaving for the  
3 prison in the morning.

4           MR. RUCKER:   Okay.   Leah, just give me a  
5 couple of minutes to go through and see --

6           MS. HOHENBERGER:   Okay.   Gil, we're just  
7 going to note for the record, you asked about her zip  
8 code earlier for her Warren address.   It was 44484.

9           MR. RUCKER:   Okay.

10          BY MR. RUCKER:

11          Q       Ms. Lobdell, the Med Pass of 5/4/2017, was  
12 that the last time that you saw Mr. Wright?

13          A       Yes.

14          Q       And your shift of 5/4/2017 would have ended  
15 on 10:00, 5/4/2017?

16          A       Yes.   The shift was from 2:00 to 10:00.   I  
17 think I actually left maybe 15 minutes after 10:00  
18 because we were finishing up Med Pass that night.   But  
19 there was no other interactions.   There was no other  
20 complaints from Mr. Wright.   There was no other -- you  
21 know, no officers had, you know, said, hey, something's

1 not right, come back. And, you know, there has been  
2 times when you get called off of Med Pass because  
3 something else has happened after you've seen an  
4 individual.

5 Q Okay. Do you remember as a result of your  
6 training after you were hired, were you given any  
7 written documentation in regards to training other than  
8 the policies and procedures you've already spoken  
9 about?

10 A Can you clarify a little more? Like what  
11 written materials are you looking for?

12 Q Were you given any area of training --  
13 specific written documentation in regards to training?

14 A Just the policies and procedures, and that we  
15 had all of them also in a book on our desk at any given  
16 time for those, and we were all given our initial new  
17 hire packet. But other than that I did not have  
18 anything else while I was there.

19 Q Did your personnel file include training  
20 records?

21 A Honestly, I do not know what was in my

1 personnel file. Carla kept that. I had not received  
2 any write-ups at that time with Carla for any personnel  
3 issues, or any training paperwork that was in there, I  
4 don't know if that was in there or not.

5 Q Okay. Was the protocol for drug withdrawal  
6 the same throughout your employment at the Trumbull  
7 County jail?

8 A At the beginning we did not use the COWs as  
9 often, and then once Carla came back over she made sure  
10 to enforce those policies. Whoever was in charge  
11 before Carla did not enforce -- like Doc would say you  
12 need to use those, but they were not enforced as well  
13 as Carla enforced them.

14 Q So on May 4th, Carla was an employee of Dr.  
15 Malvasi; is that correct?

16 A Yes.

17 Q Yet you still did not fill out the COW, did  
18 you?

19 A I did not. But that doesn't mean that I  
20 didn't talk to Mr. Wright to see how he was feeling, to  
21 figure out, you know, what was going on. It does not



1 mean that I did not go over and make sure there were no  
2 other major symptoms and signs of withdrawal that would  
3 make me question the severity of it. You know, you  
4 just have that, hey, I have some nausea. Okay. Well,  
5 there's no other signs and symptoms from that list that  
6 would say, okay, this is more than just a little  
7 nausea.

8 Q Okay. And what instructions did Dr. Malvasi  
9 give you in regards to when you should call him  
10 regarding a patient's medical condition?

11 A We would call, of course, when there were  
12 any, you know, severe outliers if, you know, I was  
13 going over the COW form and I noticed that there were a  
14 lot more signs and symptoms.

15 Like if I had noticed that he's got a severe  
16 tremor, if he was throwing up, if he was anxious, if he  
17 was fidgeting, if he was having trouble getting around,  
18 if he had an altered mental status, anything like that  
19 I would have called and say, hey, look, these are the  
20 things that are going on, what do you need me to do?  
21 What's the next step?

1           Q       So it would be a judgment decision that you  
2 would make as to when you would call Dr. Malvasi?

3                   MS. HOHENBERGER:  Objection.

4                   THE WITNESS:  Yes.  You know, I --

5                   BY MR. RUCKER:

6           Q       Would you please -- go ahead.

7           A       When it comes to Dr. Malvasi, you know, there  
8 were times that I would talk to him more than I would  
9 talk to anybody else because of things that were going  
10 on that day.  There were times where you talked to him  
11 10, 15 times a day, and then there were maybe other  
12 days where it might only be one or two phone calls.  It  
13 wasn't a -- you know, it was based on what was  
14 happening that day.

15          Q       Okay.  So based on what was happening or  
16 based on what you felt warranted a call is what you  
17 would base whether or not you would call Dr. Malvasi?

18          A       Based on the observations.  It was not where  
19 we needed to give him a call.  It had nothing to do  
20 with anything about how I felt.  It was based on the  
21 observations and the signs and symptoms of what I was

1 seeing and what, you know, the patient was complaining  
2 about.

3 Q So Dr. Malvasi or Carla Ahart never indicated  
4 to you that upon the signs of any withdrawal that you  
5 should contact them?

6 A Not when it came to just being nausea. You  
7 wouldn't call a doctor every time you turned around  
8 because your stomach was upset.

9 Q Okay. But if you suspected withdrawal, did  
10 Dr. Malvasi indicate to you that you should call him?

11 A Yes. If it was a moderate to severe  
12 withdrawal according to procedures and policy you would  
13 call him. Or, of course, there's also like if he is,  
14 you know, known to have seizures then you would call  
15 him and say, look, he told me he was coming off of  
16 this; he's known to have seizures.

17 But there was none of that indicated that  
18 said, okay, you need to call him and say there's a  
19 withdrawal but he's only having nausea.

20 Q So it would be within your independent  
21 judgment to determine whether or not it was severe or

1 moderate; is that correct?

2 MS. HOHENBERGER: Objection.

3 THE WITNESS: It would be based off of what  
4 we observed and what the patient stated.

5 BY MR. RUCKER:

6 Q Okay. Was Dr. Malvasi there for sick call  
7 every day?

8 A He would call every day to see if there was  
9 anybody on his list to be seen. There were times that  
10 even if there was nobody to be seen he would come in  
11 and he would either need to have a meeting with Eric,  
12 or he'd come into the office and check for, you know,  
13 orders that needed to be signed, any questions that we  
14 may have had for him. So he would visit often.

15 Q Is "often" five days a week?

16 A It could be five days a week. It could be  
17 more. It could be, hey, I called him because somebody  
18 needed stitches and he had to come in and get it done.  
19 But he did call and would ask, you know, do I have  
20 anybody who needs to be seen.

21 Q Would he -- during your time at Trumbull

1  
2 UNITED STATES DISTRICT COURT  
3 NORTHERN DISTRICT OF OHIO  
4 EASTERN DIVISION

5 ESTATE OF GREGORY ) CASE NO. 4:17-CV-02383  
6 WRIGHT, et al. ) JUDGE BENITA Y. PEARSON  
7 )  
8 Plaintiffs ) DEPOSITION OF  
9 vs. )  
10 TRUMBULL COUNTY BOARD ) RACHEL M. HAKE  
11 OF COMMISSIONERS, et al )  
12 )  
13 Defendants )

14 Deposition taken before me, Micheline  
15 Simoni, Notary Public within and for the State  
16 of Ohio, on the 23rd day of August, 2018, at  
17 9:30 AM, pursuant to notice, taken at the  
18 offices of Simoni Court Reporting, 153 Pine  
19 Avenue, NE, Warren, Ohio 44481, to be used in  
20 accordance with the Federal Rules of Civil  
21 Procedure or the agreement of the parties in  
22 the aforesaid cause of action pending in the  
23 United States District Court within and for the  
24 Northern District of Ohio, Eastern Division.

25  
SIMONI COURT REPORTING  
WARREN/YOUNGSTOWN, OHIO  
(330) 399-1400 (330) 746-0934  
1-800-399-6686

1 A. September of 2015.

2 Q. September of 2015?

3 A. I believe.

4 Q. Fair enough. Tell me why you pursued  
5 being a medical assistant.

6 A. I wanted to help people. The medical  
7 field has always interested me.

8 Q. Did you have any prior experience or had  
9 you done anything, say, related to  
10 the medical field prior to starting  
11 ETI?

12 A. No.

13 Q. Okay. Tell me about your course work  
14 there. Tell me about the program.

15 A. We had anatomy classes, administrative  
16 classes, theory classes, and lab  
17 classes.

18 Q. Okay. So, is it fair to say you started  
19 in May of 2015? Does that seem  
20 correct to you?

21 A. Yes.

22 Q. Do you remember your graduation date?

23 A. I do. It was February 16, 2016.

24 Q. What if I told you it was January 15,  
25 2016?

1 A. That sounds right.

2 Q. Is that okay?

3 A. Yes.

4 Q. Okay.

5 (OFF THE RECORD)

6 (PLAINTIFF'S EXHIBIT 12 MARKED)

7 Q. Have you had a chance to look at

8 Plaintiff's Exhibit 12?

9 A. Yes.

10 Q. Are you familiar with that? Have you seen

11 that before in any form?

12 A. This, I have not.

13 Q. You have had a chance to look at it. Does

14 it seem to represent the courses that

15 you actually took at ETI College?

16 A. Yes.

17 Q. And, at ETI you earned a medical assistant

18 diploma. Is that correct?

19 A. Yes.

20 Q. To your knowledge, does ETI offer any

21 other degree, if you will, as a

22 medical assistant?

23 A. The Associate's Degree.

24 Q. The Associate's Degree?

25 A. Uh huh.

1 MS. HOHENBERGER: Yes?

2 A. Yes.

3 Q. Have you done anything in pursuit of an  
4 associate medical assistant degree?

5 A. I started, and then I switched to the  
6 diploma.

7 Q. Okay. So, when you initially started,  
8 your intention was to get the  
9 Associate Degree as a medical  
10 assistant?

11 A. Yes.

12 Q. What made you change your mind?

13 A. It was a shorter length of time, and the  
14 medical assistant diploma is my  
15 stepping stone further into the  
16 medical field.

17 Q. Okay. So, you have your medical assistant  
18 diploma; and, have you pursued any  
19 other certificates after you received  
20 the diploma?

21 A. EKG, and phlebotomy.

22 Q. Where did you obtain those?

23 A. ETI.

24 Q. Was that after you graduated, or was that  
25 during the time that you were



1 A. Billing, coding, how to use an electronic  
2 medical records system.

3 Q. Anything else that you recall?

4 A. No.

5 Q. So, you finished -- you graduated in  
6 January, and then you started working  
7 for Dr. Malvasi on May 5 of 2016?

8 A. Yes.

9 Q. Can you tell me whether you had any  
10 medically-related employment between  
11 your graduation date and when you  
12 first started working for  
13 Dr. Malvasi?

14 A. I did not.

15 Q. Okay. Now, tell me about your first day  
16 at Trumbull County Jail.

17 A. I shadowed Carla.

18 Q. Just so the record is clear, you are  
19 referring to Carla Ahart?

20 A. Yes.

21 Q. Did you report directly to Carla Ahart?

22 A. Yes.

23 Q. Tell me what you mean by you "shadowed"  
24 Carla. Do you recall what time you  
25 went in; what shift were you working?

1 A. 6:00 a.m.

2 Q. So, you come in and you're going to shadow  
3 Carla. Take me through the day.  
4 Take me through what happened.

5 A. I arrived. She met me outside. She  
6 walked me through the building, gave  
7 me a tour so that I would know how to  
8 get through all the security doors.  
9 She taught me how to use the radio.  
10 She showed me where all of our  
11 equipment was.

12 She showed me -- she had me flip  
13 through a couple of charts to see how  
14 things were properly documented, see  
15 how the charts were organized. She  
16 had me fill out a few papers for her,  
17 such as we were getting ready to do a  
18 couple drug screens; so, she had me  
19 fill out the names and the number of  
20 the dipsticks that we were using.

21 She then took me on med pass for  
22 the first time where she distributed  
23 medications and documented that she  
24 was giving medications to inmates.  
25 Then we went back downstairs; and, a

1           was an orientation on the first day?

2 A.       Yes.

3 Q.       And maybe we have already covered it a  
4           little bit; but, in your mind what  
5           would you say was the orientation?

6 A.       Showing me around, showing me some of the  
7           charts, showing me the medical  
8           department itself, where things were,  
9           how things were done. And then she  
10          physically showed me, as well, as  
11          they came along throughout the day.

12 Q.      Did she go over issues about shift reports  
13          with you?

14 A.      Yes.

15 Q.      She explained the phone system to you?

16 A.      Yes.

17 Q.      And what you're describing to me is this  
18          is just an ongoing dialogue -- you do  
19          not recall Ms. Ahart taking any  
20          notes, making any notes or anything?  
21          This is on-the-job training?

22 A.      Yes.

23 Q.      Do you recall ever having signed off on  
24          any documents indicating that you had  
25          received training on certain issues?

1 A. I don't remember.

2 Q. Do you know whether there was any file  
3 maintained by Trumbull County in the  
4 medical department that would have  
5 had documentation of what was covered  
6 with you in training?

7 A. Not to my knowledge.

8 Q. Before you left Trumbull County, did you  
9 ever have an opportunity to go  
10 through your employment file?

11 A. Yes.

12 Q. Okay. And did you see in there any  
13 references to the training that you  
14 had been provided?

15 A. No. I saw my evaluations.

16 Q. You saw your evaluations?

17 A. Yes.

18 Q. Okay. Now, how many days did you shadow  
19 Ms. Ahart?

20 A. Carla herself?

21 Q. Carla, yes.

22 A. Two or three, maybe four.

23 Q. And you were at that time -- what was your  
24 primary shift?

25 A. Afternoons.

1 Q. Afternoons. Okay. And, so, you said -- I  
2 asked you how many days you shadowed  
3 Carla and you said it was four or  
4 five. Did you shadow other persons?

5 A. Yes.

6 Q. Who were they?

7 A. Bethany Lobdell, and Jessica Clay.

8 Q. What type of things did Ms. Lobdell go  
9 over with you?

10 A. What she did throughout her day. I  
11 watched her as she worked. I asked  
12 my questions; she tried to explain  
13 things to me to the best of her  
14 ability.

15 Q. Now, Ms. Lobdell -- do you know what her  
16 job title was at the time she was  
17 training you?

18 A. Medical assistant.

19 Q. She was a medical assistant. Did you have  
20 an idea as to how long she had been  
21 there?

22 A. I believe she was there for about two  
23 years when I started.

24 Q. Okay. And can you distinguish for me the  
25 type of information that was related

1 to you by Ms. Lobdell as opposed to  
2 the information that was given from  
3 Ms. Ahart?

4 A. I'm not understanding the question.

5 Q. Okay. Thank you. Ms. Lobdell was a  
6 medical assistant; correct?

7 A. Yes.

8 Q. So, she was training you, and you had just  
9 received your diploma as a medical  
10 assistant back in January of that  
11 year?

12 A. Yes.

13 Q. Okay. Now, and as I understand it,  
14 Ms. Ahart -- what was Ms. Ahart's --  
15 what was her job title, first of all?

16 A. LPN.

17 Q. She was an LPN. So, licensed nurse;  
18 correct?

19 A. Yes.

20 Q. Licensed by the State of Ohio. So, did  
21 she train you on subjects that was  
22 different from what Ms. Lobdell  
23 offered to you?

24 A. No.

25 Q. Basically, what to do throughout the day

1 in the jail?

2 A. Yes.

3 Q. Do you recall whether Ms. Lobdell gave you  
4 any written materials as she was  
5 training you?

6 A. No.

7 Q. Or whether -- did she take any notes and  
8 so forth or have a check-off list in  
9 terms of subjects that she was  
10 covering with you, as you recall?

11 A. No. There was just verbal communication  
12 between her and Carla about how I was  
13 doing.

14 Q. So, tell me about the communication  
15 between Ms. Lobdell and Ms. Ahart.

16 A. Throughout the day we would have to call  
17 Carla multiple times when medications  
18 would come into the jail. We would  
19 have to have them approved by either  
20 Dr. Malvasi or Carla; and, throughout  
21 those conversations sometimes she  
22 would ask how I was doing or how  
23 things were going, and that's where  
24 the communication came into play.

25 Q. So, during the training with Ms. Lobdell,

1 I believe you said you would call  
2 Ms. Ahart multiple times during the  
3 day; is that correct?

4 A. Yes.

5 Q. Tell me the reason you were calling  
6 Ms. Ahart.

7 A. Things needed to be approved for us to be  
8 able to give these medications to  
9 inmates. They had to be approved by,  
10 again, by Dr. Malvasi or Carla.

11 Q. And that is because there were some -- let  
12 me ask you the question this way.  
13 When you started working at the  
14 Trumbull County Jail was there ever  
15 an explanation given to you of, say,  
16 what the limitations were on your  
17 ability to work in the medical field  
18 as a medical assistant?

19 A. I'm not understanding your question.

20 Q. Okay. Thank you. What do you understand  
21 a medical assistant -- what are you  
22 allowed to do with respect to the  
23 treatment of patients?

24 A. Assess and report.

25 Q. Assess and report. So, tell me what you



1 Q. Okay. And I think you said that you were  
2 also -- that you also shadowed Jessie  
3 Clay; is that correct?

4 A. Yes.

5 Q. As you sit here, do you have an idea how  
6 long Jessie Clay had worked as a  
7 medical assistant when you started in  
8 2016?

9 A. I want to say about a year.

10 Q. Okay. So, your understanding is that --  
11 and I'm not holding you to it -- but,  
12 your recollection was that you  
13 believe Ms. Lobdell was even senior  
14 to Ms. Clay with respect to seniority  
15 in the jail?

16 A. Yes.

17 Q. So, what type of things did you do with  
18 Jessie Clay?

19 A. The same things that I would do with  
20 Bethany. I would shadow. Everybody  
21 has a different way of doing things.

22 Q. What about procedures? Did any of them go  
23 over certain specific procedures and  
24 so forth with you?

25 A. If the situation came up that we had to

1 address something that needed to be  
2 done under procedure, then yes.

3 Q. Okay. And I want to try to understand --  
4 when you say "if things needed to be  
5 done under procedure," tell me what  
6 you mean by that.

7 A. If a situation presented itself where we  
8 had to do something specific instead  
9 of just day-to-day things, they would  
10 walk me through that process.

11 Q. Okay. So, this is the jail. If you can  
12 relate to me, say, the things that  
13 happened -- what did you consider the  
14 things that happened on a day-to-day  
15 basis where maybe you did not have to  
16 really look at the procedure? Tell  
17 me about the routine or common  
18 things, if you will.

19 A. You come in; you get your shift report  
20 from the person that you're  
21 relieving. On my shift, particularly  
22 afternoons, I got diabetes checks  
23 twice a day. I got them at 3:00 and  
24 7:00 -- right after I came in and  
25 right before med pass.

1           You check the blood sugar. You  
2           had your dressing changes. You  
3           reported to Doctor if there was an  
4           out-of-range blood sugar. You would  
5           administer insulin; and, then you  
6           would go about med pass and you would  
7           do all of the diabetic checks and  
8           dressing changes again at 7:00 p.m.  
9           when you went up to med pass.

10           You distributed medications, got  
11           medical request forms, and then you  
12           gave your shift report and you left.

13 Q.       So, the things that you would say took  
14           place on a normal day; shift reports,  
15           diabetic reports, checking blood  
16           sugar, changing dressings, and  
17           reports to the doctor -- those common  
18           place things happened every day?

19 A.       Yes. There were also booking assessments,  
20           checking in medications.

21 Q.       And I didn't complete the list. I think  
22           you also put changing -- doing med  
23           pass?

24 A.       Yes.

25 Q.       And shift reports?

1 A. Yes.

2 Q. And would you review on a daily basis the  
3 assessments of inmates coming into  
4 the jail? Is that something that's  
5 done every day?

6 A. Yes.

7 Q. Now, those are the things that I think we  
8 agreed were kind of common place,  
9 kind of the routine. Now let's talk  
10 about those issues where you said  
11 that now procedure had to be  
12 followed. I'm trying to get an  
13 understanding. So, tell me what you  
14 mean by that. Tell me about maybe  
15 the uncommon things or the things  
16 that didn't happen on a daily basis.

17 A. If somebody's blood sugar, for example,  
18 were spiked over a certain number,  
19 you would call Doctor. You would get  
20 an order from him. You would  
21 administer the proper amount of  
22 insulin, and then you would write an  
23 order in the chart that it was  
24 documented that you gave said  
25 insulin.

1 Q. Okay. And, so, a blood sugar being out of  
2 range or a spike, there was a  
3 procedure to deal with that; correct?

4 A. Yes.

5 Q. Okay. And so, after you did your  
6 assessment then, pursuant to the  
7 procedures, it was to call the  
8 doctor?

9 A. Yes.

10 Q. Why did you call the doctor?

11 A. Because there was something out of range.

12 Q. Something was out of range; so, your  
13 assessment -- you found out what the  
14 blood sugar was, and then you  
15 completed the circle, so to speak, by  
16 calling the doctor because there was  
17 information that he needed?

18 A. Yes.

19 Q. So, tell me about another situation where  
20 procedure needed to be followed.

21 A. If somebody has a high body temperature,  
22 you would want to let the doctor  
23 know. If somebody got in a fight and  
24 they needed stitches, you would let  
25 the doctor know so he would come and

1           give stitches. If there was an  
2           abnormal EKG, you would send him a  
3           picture of the EKG, he would assess  
4           it, and he would let you know what to  
5           do.

6 Q.     Dr. Malvasi was available for you to call?

7 A.     Yes, at any time.

8 Q.     At any time. So, he would have been  
9           available for you to call during the  
10          day shift; is that correct?

11 A.     Yes.

12 Q.     And he would have been available when you  
13          worked the afternoon shift; is that  
14          correct?

15 A.     Yes.

16 Q.     And the afternoon shift, the time for that  
17          was what?

18 A.     2:00 to 10:00.

19 Q.     2:00 to 10:00?

20 A.     Yes.

21 Q.     And Dr. Malvasi was also available during  
22          the midnight shift, the 10:00 to  
23          6:00 a.m. Is that correct?

24 A.     Yes.

25 Q.     So, part of the procedure was you do your

1 assessments and then, if necessary,  
2 then you could report to the doctor  
3 the information you believe that he  
4 needed to know?

5 A. Yes.

6 Q. And, about how long would you say this  
7 training period was that you had  
8 shadowing Ms. Ahart, Ms. Lobdell, and  
9 Ms. Clay? How long did that last  
10 overall?

11 A. When I was shadowing, about two weeks.

12 Q. About two weeks?

13 A. Uh huh.

14 MS. HOHENBERGER: Yes?

15 A. Yes.

16 Q. So, are you saying to me that for those  
17 first two weeks that you shadowed  
18 Ms. Ahart, Ms. Clay, and Ms. Lobdell  
19 pretty much -- I mean, what was your  
20 interaction with them during the day?  
21 Did you follow them around all the  
22 time?

23 A. Absolutely. I wanted to see how they  
24 handled everything on a day-to-day  
25 basis so I would know how to handle

1           it on my day-to-day basis.

2 Q.     What about your interaction with  
3           Dr. Malvasi during this period of  
4           time?

5 A.     There was constant communication. Any  
6           time that something needed to be  
7           addressed I would call him, I would  
8           text him, and he would always get  
9           back to me in a timely manner.

10 Q.    What about Dr. Malvasi personally showing  
11          you through the jail or you following  
12          him? Was there any personal  
13          one-on-one training by Dr. Malvasi of  
14          you?

15 A.    When I worked the morning shift; when I  
16          would shadow Carla.

17 Q.    So, was Dr. Malvasi -- tell me about how  
18          frequent or infrequent Dr. Malvasi  
19          was present when you were shadowing  
20          Carla.

21 A.    He did sick call three or four times a  
22          week, depending on the volume of  
23          patients that needed to be seen. He  
24          would also come in to sign orders.  
25          He would come in just to see how we



1           were doing. That would always happen  
2           in the morning before he would go to  
3           his office or the hospital.

4 Q.     So, as you recall -- so, if you are  
5           starting at 6:00 a.m. or the times  
6           that you were there at 6:00 a.m.,  
7           approximately what time would  
8           Dr. Malvasi appear?

9 A.     About five minutes to 6:00, and it ranged  
10          at that time to maybe 6:30. Never  
11          later than 7:00.

12 Q.    Never later than 7:00. And, as you  
13          recall, what time did he usually  
14          leave to go to his office?

15 A.    It depends.

16 Q.    Give me -- tell me what you observed. I  
17          know it could depend. So, what time  
18          did you normally see him leave or  
19          what time are you normally aware that  
20          he normally left?

21 A.    We did med pass at 8:00 a.m. on the  
22          morning shift. He would sometimes  
23          leave five minutes before. He would  
24          sometimes still be there when we were  
25          done.

1 Q. So, he would be present up until around  
2 med pass?

3 A. Yes.

4 Q. And the med pass on the day shift is  
5 generally conducted at 8:00 a.m. Is  
6 that correct?

7 A. Yes.

8 Q. And so, shortly either before that or  
9 shortly after that, your recollection  
10 is that Dr. Malvasi would leave?

11 A. Yes.

12 Q. So that your opportunity to actually be  
13 trained by Dr. Malvasi during the  
14 period that you were shadowing Carla  
15 and so forth, generally that would  
16 have occurred; between 6:00 a.m. and  
17 8:00 p.m. Is that fair?

18 MS. HOHENBERGER: Objection.

19 A. Ask me that question one more time,  
20 please.

21 Q. Your direct on-site supervision by  
22 Dr. Malvasi, or his training you,  
23 that would generally occur between  
24 6:00 a.m. and 8:00 a.m.?

25 A. Generally; but, there was always ongoing

1 training when there was communication  
2 via phone.

3 Q. So, tell me, when you say "training" --  
4 tell me what you considered training  
5 over the phone.

6 A. We would have to explain what was  
7 happening with the inmate, patient,  
8 and then he would let us know how to  
9 handle that situation.

10 Q. So, you provide your assessment and then  
11 he tells you what to do?

12 A. Yes.

13 Q. Was there ever a time when Dr. Malvasi sat  
14 you down personally and said, "These  
15 are the rules. These are the  
16 regulations"? Any type of  
17 interaction like that?

18 A. Yes.

19 Q. Tell me about that and tell me when that  
20 happened.

21 A. It would be right before patients came  
22 down to the medical department. We  
23 would bring him the sick-call list,  
24 we would bring him all the charts.  
25 He would generally ask how I was

1           doing and if I was understanding  
2           everything; and, if I had any  
3           questions he would answer them.

4 Q.     When you say he would ask how you were  
5           doing -- I mean, I met Dr. Malvasi.  
6           He seems to be a pretty -- very nice  
7           guy; but, when he asked how you were  
8           doing was he trying to find out  
9           whether you were understanding what  
10          was going on with regard to the  
11          patients? Is that what was going on?

12 A.     Yes.

13 Q.     So, tell me the type of things that he  
14          would discuss with you in that  
15          respect.

16 A.     If I was understanding med pass, if I was  
17          understanding how things needed to be  
18          approved, if I was having any issues  
19          with my co-workers, if I was having  
20          issues with the way that I was being  
21          trained.

22 Q.     So, in terms of this shadowing and what we  
23          will call your training period, your  
24          recollection is that it lasted for  
25          approximately two weeks?

1 A. Yes.

2 (PLAINTIFF'S EXHIBIT 14 MARKED)

3 Q. I'm showing you what's been marked as  
4 Exhibit 14; and, I want you to take a  
5 few moments and go ahead and kind of  
6 look it over, if you will.

7 MS. HOHENBERGER: Just note for  
8 the record this is one of the documents that we  
9 talked about in the beginning that's marked  
10 confidential.

11 MR. SMITH: Absolutely.  
12 Absolutely.

13 Q. Ms. Hake, have you had a chance to look  
14 over what's been marked as  
15 Plaintiff's Exhibit 14?

16 A. Yes.

17 Q. And can you tell me what this is?

18 A. The policy book.

19 Q. And can you tell me whether you have seen  
20 that before?

21 A. Yes.

22 Q. Okay. Can you give me -- tell me when you  
23 saw it.

24 A. My first day.

25 Q. Your first day. Okay. And tell me who

1           presented this to you.

2 A.     Carla.

3 Q.     Okay. So, tell me, then, what you and  
4           Carla did with respect to the  
5           procedures here. Go through that for  
6           me, please.

7 A.     We had a binder. She gave it to me while  
8           she did a couple of orders. I sat  
9           down and went through it.

10 Q.    So, she's doing a few orders and she gave  
11          you a binder that you remember these  
12          procedures being in?

13 A.    Yes.

14 Q.    Now, when I asked you at the beginning of  
15          the deposition about your training  
16          with Ms. Ahart, you didn't tell me  
17          about the two of you going through  
18          these medical procedures. I mean, I  
19          asked you, "What did you all do?"  
20          Did you forget at that time?

21                 MS. HOHENBERGER: I'm going to  
22 object, but go ahead.

23 A.    Not necessarily forget; but, when  
24          something is placed in front of you,  
25          you remember where it came from.

1 just referring back to?

2 Q. Yes, Ma'am. Let's go back a little bit.

3 The first time I asked you about them  
4 you said that while Ms. Ahart was  
5 going through some charts you flipped  
6 through them.

7 And then you said to me that you  
8 did have some engagement about it;  
9 and, I'm trying to just now try to  
10 really find out the extent of it and  
11 what you actually went over.

12 A. The procedures and the policies were gone  
13 over multiple, multiple times; just  
14 not with this in front of me.

15 Q. So, how would you know you were going over  
16 policies and procedures if you were  
17 not referring to this document?

18 A. I would ask a question and it would be  
19 answered with, "Well, the policy and  
20 procedure for this is" --

21 Q. And that would happen with who?

22 A. Either Carla or Doc.

23 Q. Okay. So, do you then recollect the time  
24 when they said to you -- and let's  
25 start with Ms. Ahart -- where she

1           it reads your heart rate and oxygen  
2           levels.

3 Q.     Was there any emergency training that you  
4           received at ETI?

5 A.     Emergency training? No.

6 (PLAINTIFF'S EXHIBIT 15 MARKED)

7 Q.     I'm going to show you what's been marked  
8           as Plaintiff's Exhibit 15 and ask you  
9           to take a moment and look at that,  
10          please.

11 A.     Okay.

12                   MS. HOHENBERGER: I'll just note  
13 for the record that this similarly is marked as  
14 confidential.

15                   MR. SMITH: Absolutely.

16 Q.     Have you had a chance to look at what's  
17           been marked as Plaintiff's  
18           Exhibit 15, Ms. Hake?

19 A.     Yes.

20 Q.     Can you tell me whether or not you  
21           recognize that document?

22 A.     Yes.

23 Q.     Okay. And tell me when you first saw it,  
24           if you will.

25 A.     Orientation on my first day.



1 Q. Okay. And, so, that's the same time that  
2 you were also presented with what we  
3 were discussing previously as the  
4 medical department policies and  
5 procedures that was Exhibit 14; is  
6 that correct?

7 A. Correct.

8 Q. So, explain to me, then, what happened  
9 with this document. You have the  
10 medical department procedures and  
11 policies given to you in a binder.  
12 Is that correct?

13 A. Correct.

14 Q. How did you receive the medical manual?

15 A. In the same binder.

16 Q. They were in the same binder. Do you  
17 remember whether the medical policies  
18 and procedures was placed in the  
19 binder first or whether the manual  
20 was in first?

21 A. I do not remember.

22 Q. Okay. And, so, those -- so, what do you  
23 remember doing with Exhibit 15?

24 A. Reading over it.

25 Q. Reading over it?

1 A. Reading over it.

2 Q. Okay. So, did Ms. Ahart go over any  
3 specific provisions of this medical  
4 manual with you at that time?

5 A. If I had a question about something that  
6 wasn't self-explanatory, I would ask  
7 and she would answer.

8 Q. Okay. And, so, this is happening when you  
9 show up at 6:00 a.m. You fill out  
10 some paperwork with Ms. Ahart --  
11 correct?

12 A. Yes.

13 Q. You have the opportunity -- you flip  
14 through what we have talked about as  
15 the medical policies and procedures,  
16 and then you flip through what is the  
17 medical manual. Is that correct?

18 MS. HOHENBERGER: I'm going to  
19 object. I don't think she said "flip through;"  
20 but go ahead.

21 A. Yes.

22 Q. Well then, is it your testimony that you  
23 actually read through -- that during  
24 that first meeting that you had an  
25 opportunity to fully read through the

1           medical department policies and  
2           procedures?

3 A.     Yes.

4 Q.     You read through them page by page, word  
5           for word?

6 A.     Maybe not word for word; but, I read  
7           through the whole thing.

8 Q.     All right. And approximately how long did  
9           that take you?

10 A.     Maybe 45 minutes.

11 Q.     About 45 minutes you spent with it. Then  
12           you moved on to the medical manual?

13 A.     Yes.

14 Q.     And approximately, then, how long do you  
15           recall it took you to go over that?

16 A.     Probably another 20 minutes to a half  
17           hour, but I can't be sure.

18 Q.     And just so I am correct, there is no --  
19           well, do you recall yourself asking  
20           Ms. Ahart any questions?

21 A.     I don't remember.

22 Q.     Okay. And I should have asked you before,  
23           but I'll ask you now. Let's take  
24           them separately. Do you remember  
25           asking Ms. Ahart any specific

1 Q. And there is his home number; correct?

2 A. Yes.

3 Q. So, at some point did you have

4 Dr. Malvasi's cell phone number

5 probably in your cell phone?

6 A. Yes. I had both.

7 Q. So that at any time when you were in a

8 facility, or even if you were not at

9 work, you had a means of contacting

10 Dr. Malvasi to provide him -- to

11 report an assessment to him. Is that

12 fair?

13 A. Yes.

14 Q. Okay. So, in the medical manual -- let's

15 go to page 144, please. Can you

16 explain what this is?

17 A. Medical Administration Record Sheet.

18 Q. As a medical assistant, what do you take

19 from this? What's the purpose of

20 this document here?

21 A. The purpose is if you are changing a

22 dressing, giving insulin, documenting

23 blood sugar, giving a prescribed or

24 over-the-counter medication, it is

25 documented that you either

1 Q. Number 4, "What Route," what does that  
2 mean?

3 A. What route -- that would be by mouth, by  
4 injection.

5 Q. All right. Then go to page 147. It kind  
6 of outlines what the duties and  
7 responsibilities are for the specific  
8 shifts. Is that fair?

9 A. Yes.

10 Q. So, let's go down to -- on the bottom  
11 where it says "Midnight shifts,"  
12 that's 10:00 p.m. to 6:00 a.m.?

13 A. Yes.

14 Q. So, during the period that you were  
15 employed at the Trumbull County Jail,  
16 how many medical assistants usually  
17 work the midnight shift?

18 A. Usually Jessie worked midnights, Bethany  
19 was day shift, and I was afternoon  
20 shift.

21 Q. So, that would be one?

22 A. Yes, for the most part. Sometimes we  
23 would switch.

24 Q. Okay. So, during the period that you were  
25 there, are you saying to me that on a

1                   and "Check medication." Is that  
2                   right?

3 A.       Yes.

4 Q.       Are you saying to me that that's generally  
5                   the start of a shift report for a  
6                   certain day?

7 A.       Yes.

8 Q.       And then the medical staff on the  
9                   afternoon and midnights; then it just  
10                  continues?

11 A.       Yes.

12 Q.       Go to page 152 for me, please. Page 152  
13                   for me, please. In the middle  
14                   section it says "Withdrawals from  
15                   Drugs." Is that correct?

16 A.       Yes.

17 Q.       Tell me how you first became aware of what  
18                   to do when an inmate may be  
19                   displaying signs and symptoms of  
20                   withdrawal. How did you learn that?

21 A.       I'm sorry, do you want a specific instance  
22                   or --

23 Q.       How did you get the information? As a  
24                   medical assistant employed in  
25                   Trumbull County, how did you first

1           receive the information in terms of  
2           what to do when an inmate is  
3           experiencing -- may be experiencing  
4           withdrawal?

5 A.       While I was shadowing. It's a common  
6           occurrence.

7 Q.       So, you learned what to do by watching  
8           whom? Do you recall?

9 A.       I don't remember who exactly it was the  
10          first time; but, both Bethany, Carla,  
11          and Jessie.

12 Q.      So, would there have been a time when you  
13          personally sat down with either  
14          Ms. Ahart or Dr. Malvasi and gone  
15          over this withdrawal-from-drugs  
16          policy that is on page 152? Do you  
17          recall that ever taking place?

18 A.      Not with the document in front of us, no.

19 Q.      Not with the document in front of you.

20          Okay. Would you turn to page 156,  
21          please, and tell me what that is,  
22          please?

23 A.      That's "Clinical Opiate Withdrawal Scale."

24 Q.      Same question. Were you ever trained --  
25          was there ever -- did you ever go

1           over this document specifically with  
2           either Ms. Ahart or Dr. Malvasi?

3 A.       With Carla, yes. She showed me a couple  
4           of them that had been completed so  
5           that I knew how to fill them out.

6 Q.       Okay, do you recall when you learned how  
7           to fill out a COWS specifically?

8 A.       I don't recall.

9 Q.       Do you recall if it was during the two  
10          weeks of your training, or was it  
11          sometime afterwards?

12 A.       It was within the first two weeks of  
13          training.

14 Q.       Okay. So, you were then familiar with all  
15          of the information that is supposed  
16          to go on the COWS; correct?

17 A.       Yes.

18 Q.       So, on the top of the COWS, on the second  
19          line it says "Blood Pressure," right?

20 A.       Yes.

21 Q.       So, the inmate's blood pressure would go  
22          in there?

23 A.       Yes.

24 Q.       And there's a place for pulse?

25 A.       Yes.



1 records. Is that correct?

2 A. Yes.

3 Q. And so, then, you appreciated that when  
4 you were learning that at ETI the  
5 purpose was to assist you in the  
6 future in providing better care for  
7 the patients that you might  
8 encounter; correct?

9 A. Yes.

10 Q. And complete and accurate medical  
11 information is a critical factor in  
12 providing the care; right?

13 A. Yes.

14 Q. So, can you turn to page 159, please?  
15 Tell me, have you seen this before?

16 A. Yes.

17 Q. Okay. Tell me, did you -- tell me when  
18 the first time you saw it and the  
19 context, please.

20 A. In training, when I read through it.

21 Q. Okay. And this talks about signs and  
22 symptoms of withdrawals. Correct?

23 A. Yes.

24 Q. It specifically states that before anyone  
25 is placed on medications, then they

1 Q. So, you remember Mr. Gregory Wright; do  
2 you not?

3 A. Yes.

4 Q. That's the case that we are here about.  
5 Correct?

6 A. Yes.

7 Q. So, are you saying to me that when  
8 Mr. Wright was perceived to be going  
9 through opiate withdrawal, that  
10 pursuant to the manual he should have  
11 been placed on medical isolation and  
12 taken up to 3A? Is that correct?

13 A. If his symptoms were severe enough, yes.

14 Q. Maybe we read that differently. "All  
15 inmates should be placed on medical  
16 isolation when they start to have  
17 signs and symptoms of withdrawal."

18 What you're saying to me is that  
19 a determination has to be made as to  
20 whether they are serious signs of  
21 withdrawal as to whether they are  
22 going to be transferred to medical  
23 isolation on 3. Is that correct?

24 A. If we had placed every inmate on medical  
25 lockdown that had been showing signs

1           and symptoms of basic opiate  
2           withdrawal in lockdown cells, there  
3           would be no lockdown cells left.

4 Q.     And I appreciate the narrative; but, it  
5           doesn't answer my question.

6           My question is, this says that  
7           when someone -- when they start to  
8           have signs and symptoms of  
9           withdrawal, they go to medical  
10          isolation.    Correct?

11 A.     That's correct.

12 Q.     That's what this is?

13 A.     Yes.

14 Q.     And your job, as I understand it, was to  
15          assess and report; correct?

16 A.     Yes.

17 Q.     And so, then, you do the assessment and  
18          you report to Dr. Malvasi in terms of  
19          whether this person then needs to go  
20          to medical isolation.    Correct?

21 A.     Correct.

22 Q.     Now, Ms. Lobdell had told you that  
23          Mr. Wright was withdrawing.   Is that  
24          correct?

25 A.     Yes.

1 Q. Did she verbally tell you that, or was it  
2 in a shift report, or how do you  
3 recall getting that information?

4 A. It was verbal.

5 Q. So, you start at 10:00 p.m. on May 4. So,  
6 you probably showed up for work,  
7 what, about 9:50, 9:45, or something  
8 like that? Does that seem fair?

9 A. Yes.

10 Q. Okay. So, you and Ms. Lobdell had the  
11 conversation and she says that  
12 Mr. Wright is withdrawing?

13 A. Yes.

14 Q. What did that mean to you?

15 A. That I was going to have to keep an eye on  
16 him.

17 Q. Okay. And when she told you that it was  
18 Gregory Wright; did that name mean  
19 anything to you at that time?

20 A. Not at the time.

21 Q. Did you do something later to -- did you  
22 realize that you had treated  
23 Mr. Wright before?

24 A. After the first encounter, yes.

25 Q. After the first encounter. Why is a

1 person in medical isolation -- you  
2 said it's ten-minute tours?

3 A. Yes.

4 Q. For the record, tell me what that means.

5 A. It means an officer goes around and looks  
6 in the window of the cell to make  
7 sure that the inmate is still okay.

8 Q. How do the officers know to do that?

9 A. What do you mean?

10 Q. How do the officers; the correctional  
11 officers -- how do they know that  
12 they should observe an inmate every  
13 ten minutes?

14 A. By being told by medical staff.

15 Q. How would medical staff communicate that  
16 information to the corrections  
17 officers?

18 A. Direct verbalization.

19 Q. There's no form that would be completed to  
20 say that, or to communicate that  
21 information?

22 A. No. It would be in the officer's report.

23 Q. It would be in the officer's report?

24 A. Yes.

25 Q. So that your understanding is that if you,

1 Q. This is the form you explained earlier?

2 A. Yes.

3 Q. And do you see your signature down there?

4 A. Yes.

5 Q. What does your signature mean on this  
6 form, Ms. Hake?

7 A. We always signed the bottom of the sheets  
8 because at some point or other we are  
9 going to sign off on medication, and  
10 we have to sign off on something  
11 besides our initials.

12 Q. Does this mean that you did administer  
13 medication to him or you may have?

14 A. No. This means I may have in the future.  
15 One of these requires every  
16 employee's signature because at some  
17 point or another you may give  
18 over-the-counter or prescription  
19 medications.

20 Q. Okay. So, this doesn't mean that you  
21 administered any medication to him;  
22 but, had he stayed there longer and  
23 so forth, you may have?

24 A. Yes.

25 Q. Do you recall going to work on May 4,

1 2017?

2 A. Yes.

3 Q. And tell me what shift you were working  
4 that day.

5 A. 10:00 p.m. to 6:00 a.m.

6 Q. Okay. So -- Ed Venz -- who was that?

7 A. One of the corrections officers.

8 Q. Do you remember corrections officer Venz  
9 getting in contact with you?

10 A. No.

11 Q. Do you recall being requested to go to  
12 Gregory Wright's cell?

13 A. Yes.

14 Q. What did you observe when you went there?

15 A. He was lying down. He was angry --  
16 visibly angry. He would not let me  
17 take his blood pressure. He kept  
18 pulling away from me.

19 He kept asking me for his  
20 glasses and said that his stomach  
21 didn't feel good.

22 Q. So, you go there. Do you recall that  
23 Corrections Officer Sarah Whitacker  
24 may have accompanied you there?

25 A. Yes.

1 Q. So, you, Corrections Officer Whitacker are  
2 there; and, tell me what you mean  
3 when you say that he was visibly  
4 angry. What made you think he was  
5 angry?

6 A. The look on his face. The second that I  
7 walked in he shook his head.

8 Q. Now, was there any -- you said he was  
9 talking about his glasses. What was  
10 he saying about his glasses?

11 A. He wanted his glasses, which I did not  
12 have.

13 Q. Is that what the corrections officers told  
14 you as to why they asked you to come  
15 up there was because he wanted his  
16 glasses?

17 A. No. He had vomited.

18 Q. He had vomited; and, he told you that his  
19 stomach was hurting?

20 A. Yes.

21 Q. And the vomit on the floor would be some  
22 indication that, well, yeah, there  
23 may be something wrong with his  
24 stomach. Correct?

25 A. Yes.



1 Q. So, you didn't attribute that look on his  
2 face to pain?

3 A. I may have.

4 Q. So, his stomach is hurting. What were  
5 your other observations of him when  
6 you walked in there?

7 A. As far as I can remember, there was vomit  
8 on the floor. I asked him what was  
9 wrong. He said, "My stomach hurts.  
10 I want my glasses."

11 I tried to obtain vitals. He  
12 kept pulling away from me. Then I  
13 offered him Maalox for his stomach  
14 and he refused.

15 Q. So, tell me how you proceeded to do -- to  
16 get his vitals at that time.

17 A. I tried having Sarah Whitacker hold his  
18 arms off of his side so I could wrap  
19 the blood pressure cuff around it,  
20 and he kept pulling away from her as  
21 well.

22 Q. Did you try to talk to him to see why he  
23 was acting that way?

24 A. Yes. I made multiple attempts.

25 Q. And what, if anything, did he say to you?

- 1 A. He would just grunt back at me and he  
2 would tell me again that he wanted  
3 his glasses and his stomach hurt.
- 4 Q. How did you interpret his reaction to you?  
5 What was on your mind? What were you  
6 thinking?
- 7 A. That he was being combative.
- 8 Q. He was being combative. Tell me what else  
9 you -- so, he vomited. He is acting  
10 uncooperative. What do you use the  
11 pulse ox for?
- 12 A. To check the heart rate and the oxygen  
13 level.
- 14 Q. To check the heart rate and the oxygen  
15 level. You didn't have the pulse ox  
16 with you, did you?
- 17 A. I did not.
- 18 Q. Now, you had your emergency bag, though,  
19 right?
- 20 A. Yes.
- 21 Q. And the pulse ox wasn't in there?
- 22 A. Yes.
- 23 Q. So, you got a call to come up to 2A. Do  
24 you recall that this was about four  
25 minutes after 12:00?

1 A. Yes.

2 Q. So, you're going -- in your mind, was this  
3 just routine or was this emergency,  
4 or exactly what was going through  
5 your mind at the time?

6 A. Upon the initial call I thought that it  
7 was an emergency; so, I grabbed my  
8 emergency medical bag. And then,  
9 when I got there, it seemed more than  
10 routine.

11 Q. Okay. Isn't the pulse ox supposed to be  
12 in the emergency bag?

13 A. Yes.

14 Q. Why wasn't it there?

15 A. I'm not sure.

16 Q. So, this is the midnight -- yes, the  
17 midnight shift?

18 A. Yes.

19 Q. You are the only medical assistant that's  
20 on duty; correct?

21 A. Yes.

22 Q. You are the only medical person that is  
23 present in the jail at that time;  
24 correct?

25 A. Yes.

1 Q. Whose responsibility is it to make sure  
2 that the emergency bag has the  
3 appropriate medical equipment in it?

4 A. The last person to use it.

5 Q. So, that wouldn't have been you?

6 A. No.

7 Q. But -- so, you start the shift. So,  
8 you're saying -- would you know that  
9 Ms. Lobdell used it on her shift on  
10 May 4, 2017?

11 A. I can't be sure.

12 Q. But, all you know is that when you went at  
13 that time it was not in the bag?

14 A. Yes.

15 Q. So, when Mr. Wright was being -- was he  
16 being combative or uncooperative?  
17 Which one?

18 A. He was being more combative by pulling  
19 away.

20 Q. Okay. Did you think that that may have  
21 factored into -- what did you think  
22 he was going through at that time?  
23 What was your assessment of him when  
24 you saw that there was vomit on the  
25 floor; and, you also had the

1 information that Ms. Lobdell had  
2 given you. Correct?

3 A. Yes.

4 Q. So, now you are in the cell. Tell me  
5 about your assessment. Tell me what  
6 you're thinking process is in terms  
7 of what's going on with Mr. Wright.

8 A. You immediately think "opiate withdrawal."

9 Q. So, you immediately thought "opiate  
10 withdrawal." So, what did that say  
11 to you should happen?

12 A. I offered him the Ibuprofen, Imodium, and  
13 Maalox. He did not want that. And  
14 then I told officers to keep an eye  
15 on him and let me know what  
16 happens -- if anything got worse or  
17 if it got better.

18 Q. So, you left his cell without a blood  
19 pressure at that time?

20 A. Yes.

21 Q. You did not have the pulse ox rate at that  
22 time?

23 A. Yes.

24 Q. You didn't get that vital sign? That's  
25 what you mean; correct?

1 he's doing.

2 Q. I'm just reacting to -- the transcript  
3 says "weird;" but, that's probably  
4 not it. Keep an eye on him?

5 A. Yes.

6 Q. So, you go back -- you don't call  
7 Dr. Malvasi?

8 A. No.

9 Q. You don't call Ms. Ahart?

10 A. No.

11 Q. Okay. What did you do in terms of your  
12 work at that point?

13 A. I document in his chart what had happened,  
14 that I was unable to obtain vitals,  
15 and then I go back to my routine.

16 (PLAINTIFF'S EXHIBIT 20 and 21 MARKED)

17 Q. Showing you what's been marked as  
18 Plaintiff's Exhibit 20, will you take  
19 a look at that, please?

20 A. Yes.

21 Q. Tell me whether you recognize that.

22 A. Yes.

23 Q. Okay. And tell me what it is, please.

24 A. It's a General Assessment Form.

25 Q. Do you recall when you completed that

1 form?

2 A. It states at about 12:15 a.m.

3 Q. So, 12:15 a.m. would have been after you  
4 saw Mr. Wright for the first time; is  
5 that correct?

6 A. Yes.

7 Q. And so, you write here that he is "Coming  
8 off of heroin. Says, 'I'm sick.'  
9 Won't tell me anything else."?

10 A. Yes.

11 Q. Those were your observations and that's  
12 what you remember?

13 A. Yes.

14 Q. Okay. And in the -- there's a line here  
15 that starts with the letters, "BP."  
16 Do you see that line there?

17 A. Yes.

18 Q. What is supposed to go in that line there?

19 A. Blood pressure.

20 Q. What's the "P"?

21 A. Pulse.

22 Q. The "R"?

23 A. Respirations, temperature, pulse ox.

24 Q. And that is all blank?

25 A. Yes.

1 Q. And those are the vitals that we have been  
2 talking about that are important for  
3 your assessment; correct?

4 A. Yes.

5 Q. That's the information that you need to  
6 provide to Dr. Malvasi so that he can  
7 evaluate the situation and come up  
8 with the proper diagnosis for  
9 treatment; correct?

10 A. Yes.

11 Q. You were unable to do that because you  
12 didn't have any vitals; correct?

13 A. Yes.

14 Q. Did you ever think about asking -- Sarah  
15 Whitacker was in there? CO Sarah  
16 Whitacker was in there with you?

17 A. Yes.

18 Q. Did you ever think of asking maybe one of  
19 the male COs and ask him to talk to  
20 Mr. Wright? Did you think about  
21 doing that?

22 A. We all tried to talk to him.

23 Q. So, you're leaving someone -- Mr. Wright.  
24 We have no vitals, and you go back to  
25 your job. Correct?



1 A. Yes.

2 Q. And you go back to doing the routine  
3 things that you would do on your  
4 shift; is that correct?

5 A. Yes.

6 Q. So, sometime later you get another call  
7 concerning Mr. Wright; correct?

8 A. Yes.

9 Q. Tell me what you recall about that.

10 A. They said it was a possible seizure. I go  
11 up. He's really just laying kind of  
12 shaking. I immediately activated my  
13 smelling salts. He turned his head  
14 away. I took his left hand and put  
15 it over his mouth so that he couldn't  
16 breathe through his mouth, and this  
17 forced him to inhale the smelling  
18 salts. That's when he got even more  
19 angry.

20 Q. You say "angry"?

21 A. Yes.

22 Q. And he was laying in this bunk with the  
23 top of his torso laying outside the  
24 port-a-bunk?

25 A. It was when I first walked in. I tried to

1           get him onto his side in case if it  
2           was a seizure he wouldn't swallow his  
3           tongue or vomit.

4 Q.       So, when you arrived there was he still  
5           shaking?

6 A.       He was shaking, but not profusely.

7 Q.       Now, it was Corrections Officer Washington  
8           that had called you to come; correct?

9 A.       Yes.

10 Q.       And the information that you received from  
11           him was that, "I think he's having a  
12           seizure." Correct?

13 A.       Yes.

14 Q.       And you show up. And then, what Officer  
15           Washington told you was confirmed;  
16           that he was still shaking somewhat?

17 A.       Yes.

18 Q.       Okay. Vomit on the floor next to his  
19           port-a-bunk?

20 A.       Yes.

21 Q.       Vomiting and nausea being one of the signs  
22           of opiate withdrawal; is that fair?

23 A.       Yes.

24 Q.       Now he's sweating profusely, isn't that  
25           true?

1 A. More than before, yes.

2 Q. Again, looking back at the COWS and the  
3 protocol, those are other factors  
4 related to opiate withdrawal;  
5 correct?

6 A. Yes.

7 Q. And what's being confirmed in front of you  
8 are symptoms that led you to believe  
9 that this was opiate withdrawal?

10 A. Yes.

11 Q. And you're being called back for a second  
12 time. So, then you appreciate, "Now,  
13 this is more serious than it was  
14 before."

15 A. I realized that it may have needed more  
16 attention.

17 Q. So, then you proceed to do the -- we got  
18 to get the vitals now. It's  
19 important to do the vitals; right?

20 A. Yes.

21 Q. Okay. We are going to do the pulse ox;  
22 correct?

23 A. Yes.

24 Q. Pulse ox is not in the bag; is it?

25 A. No.

1 Q. So, when you went back downstairs after  
2 the first time after the episode with  
3 Mr. Wright, you didn't pack the  
4 emergency bag; correct?

5 A. That's right.

6 Q. So, now Officer Harvey has to go get the  
7 pulse ox; right?

8 A. Yes.

9 Q. And you're there with -- Sergeant Tomko is  
10 there with you; right?

11 A. Yes.

12 Q. So, you use his watch. He let you use his  
13 watch to try to get the pulse?

14 A. Yes.

15 Q. Are you successful?

16 A. No. You have to count a full 60 seconds,  
17 do a little bit of math.

18 (WHEREUPON A RECESS WAS TAKEN AT 12:57 PM AND  
19 TESTIMONY RESUMED AT 1:09 PM)

20 BY MR. SMITH:

21 Q. So, this was your second encounter of the  
22 evening with Mr. Wright?

23 A. Yes.

24 Q. And, Ms. Hake, on two occasions you have  
25 described him as being angry. I

1 mean, could he be mad because he was  
2 sick, mad because he was hurting?

3 I mean, did your perception of  
4 him being angry, did that affect the  
5 way you were dealing with him?

6 A. No.

7 Q. Okay. So, you are there. You can't get  
8 the pulse; but, this time you were  
9 able to get his heart rate?

10 A. Yes.

11 Q. Okay. And I think his heart rate -- you  
12 determined that it was like 150?

13 A. I don't remember the exact number.

14 Q. It was elevated?

15 A. Yes.

16 Q. And he was presenting to you -- you  
17 observed him to be breathing very,  
18 very fast?

19 A. Yes.

20 Q. And, you also said -- was he folding his  
21 arms? He was moving his arms and so  
22 forth?

23 A. He wasn't clutching. He was more or less  
24 trying to get away from what I was  
25 trying to do.

1 Q. He was trying to move away from you?

2 A. Yes.

3 Q. It couldn't have been that he's holding  
4 his heart because of shortness of  
5 breath, or whatever?

6 A. No.

7 Q. And you were able to distinguish that from  
8 him -- he's breathing very, very  
9 fast. What do you attribute that to?

10 A. It could have been that he had just  
11 inhaled smelling salts and he was  
12 trying to eliminate that smell from  
13 his nose. He could be trying to  
14 catch his breath from possibly faking  
15 a seizure. It could be multiple  
16 things.

17 Q. Faking a seizure? Have you been present  
18 when people fake a seizure?

19 A. Yes.

20 Q. One of the things that was going through  
21 your mind at that time, then, was  
22 that Mr. Wright may have been faking?

23 A. You always have to know that that is a  
24 possibility.

25 Q. A possibility. Okay, he's sweating

1           profusely; correct?

2 A.     Yes.

3 Q.     You had to give him smelling salts when  
4           you arrived to help him start  
5           breathing again; correct?

6 A.     No.

7 Q.     You administered the smelling salts?

8 A.     Yes.   That's basic procedure for possible  
9           seizures.

10 Q.    But, he was shaking?

11 A.    Yes.

12 Q.    He was sweating?

13 A.    Yes.

14 Q.    And all of those things are things that  
15           are on the COWS form in terms of an  
16           assessment of opiate withdrawal;  
17           correct?

18 A.    Yes.

19 Q.    But he may have been faking a seizure?   In  
20           medical terms you call that  
21           "malingerling."   Right?

22 A.    Yes.

23 Q.    So, what made you think that he could  
24           have -- that he was faking?

25 A.    I activated the smelling salts.   He

1 started breathing through his mouth  
2 as opposed to through his nose,  
3 because he didn't like the smell of  
4 them.

5 When I then took my left hand  
6 and covered his mouth so that he was  
7 forced to smell through his nose, he  
8 turned his head away.

9 Q. And that, in and of itself, that minimized  
10 all those other factors that you were  
11 observing?

12 MS. HOHENBERGER: Objection.

13 A. That told me that he was not having a  
14 seizure.

15 Q. That told you that he was not having a  
16 seizure; but, you believed and you  
17 had information to know that opiate  
18 withdrawal was an issue?

19 A. I'm sorry -- say that again.

20 Q. Opiate withdrawal. Ms. Lobdell had told  
21 you that he was having an issue with  
22 withdrawals; correct?

23 A. Correct.

24 Q. The previous time a few hours earlier that  
25 you had been there your assessment



1 Mr. Wright that evening. Correct?

2 A. Yes.

3 Q. And you told him, to the best of your  
4 ability, the truth as you remembered  
5 it at that time. Correct?

6 A. Yes.

7 Q. All right. So, now Mr. Wright is faking?

8 MS. HOHENBERGER: Objection.

9 That's not what she testified to.

10 MR. SMITH: She said, "You  
11 always have to rule out whether somebody is  
12 faking."

13 Q. Correct?

14 A. Yes.

15 Q. So, aside from his reaction to the  
16 smelling salts, what else made you  
17 think that Mr. Wright may be faking?

18 A. He was alert. He was oriented.

19 Q. Okay. You thought he just didn't want to  
20 go to jail; right? That's what you  
21 told Lieutenant Shay, didn't you --  
22 that you thought one of the things --  
23 he was trying to stop the process of  
24 going to jail. Didn't you say that?

25 A. Yes.

1 A. Based on the way that he acted when I  
2 activated the smelling salts, I  
3 believed there was a very good  
4 possibility that it wasn't a seizure,  
5 but I can't diagnose.

6 Q. And we all agree that "pretty sure" is not  
7 a medical term. Correct?

8 A. Correct.

9 Q. And then the next line -- well,  
10 Lieutenant Shay says, "Okay. So, you  
11 think he was faking or" -- and it  
12 gets cut off. Do you see that?

13 A. Yes.

14 Q. And then your response was, "I don't think  
15 he was faking. I just think that he  
16 was working himself up." Do you see  
17 that?

18 A. Yes.

19 Q. So, based upon what signs and symptoms did  
20 you make that statement?

21 MS. HOHENBERGER: Objection.

22 A. I'm not understanding the question.

23 Q. Okay. It says "I don't think he was  
24 faking. I just think that he was  
25 working himself up."

1                   So, what were your observations  
2                   -- what was your medical assessment  
3                   that made you say that you thought he  
4                   was working himself up? What  
5                   medically were you observing?

6 A.     He was alert and oriented. His pupils  
7                   were reactive. He was speaking. He  
8                   was breathing heavily, but his pulse  
9                   ox was normal.

10 Q.    But I thought that we had agreed that he  
11                   wasn't speaking.

12 A.    No.

13 Q.    He was asking you for his glasses. We  
14                   talked about that?

15 A.    Yes, and telling me that his stomach hurt.

16 Q.    And telling you that his stomach hurt.  
17                   So, Lieutenant Shay says, "When you  
18                   say "working himself up," what do you  
19                   mean by that?"

20                   And so, your response is, "He  
21                   was breathing rapidly, extremely  
22                   rapidly, and when something like that  
23                   happens normally people just want to  
24                   get out of jail. Normally people  
25                   just want to get 'send' out to the